

PQS 2025/26 – Antimicrobial stewardship clinical audit – data collection form

Audit start date:	/ /	Audit end date:	/ /	Pharmacy ODS code:	F	Data added to the MYS data collection tool:	<input type="checkbox"/> Yes Date: / /
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Data points	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
1) Patient referred to Pharmacy First service or patient presented to the pharmacy?	<input type="checkbox"/> Referral <input type="checkbox"/> Pt presented	<input type="checkbox"/> Referral <input type="checkbox"/> Pt presented	<input type="checkbox"/> Referral <input type="checkbox"/> Pt presented	<input type="checkbox"/> Referral <input type="checkbox"/> Pt presented	<input type="checkbox"/> Referral <input type="checkbox"/> Pt presented
2) Consultation method – face-to-face in the pharmacy or remote consultation?	<input type="checkbox"/> In pharmacy <input type="checkbox"/> Remote	<input type="checkbox"/> In pharmacy <input type="checkbox"/> Remote	<input type="checkbox"/> In pharmacy <input type="checkbox"/> Remote	<input type="checkbox"/> In pharmacy <input type="checkbox"/> Remote	<input type="checkbox"/> In pharmacy <input type="checkbox"/> Remote
3) Patient is a child or an adult (18 years or over)	<input type="checkbox"/> Child <input type="checkbox"/> Adult	<input type="checkbox"/> Child <input type="checkbox"/> Adult	<input type="checkbox"/> Child <input type="checkbox"/> Adult	<input type="checkbox"/> Child <input type="checkbox"/> Adult	<input type="checkbox"/> Child <input type="checkbox"/> Adult
4) FeverPAIN score (only patients with scores 0 to 3 are included in the audit sample)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5) Standard 1 – TARGET RTI leaflet used in consultation and given to or sent to the patient	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Standard 2 – consultation includes providing advice on the natural history and average length of sore throat symptoms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Standard 3 – consultation includes providing advice on when to re-consult if symptoms do not resolve	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) Standard 4 – consultation includes providing general information on antimicrobial stewardship, antibiotic use and resistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9) Standard 5 – Throat and neck examined (only for face-to-face consultations with patients with a FeverPAIN score of 2 or 3) N/A = not applicable	Throat: <input type="checkbox"/> Yes <input type="checkbox"/> No Neck: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Throat: <input type="checkbox"/> Yes <input type="checkbox"/> No Neck: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Throat: <input type="checkbox"/> Yes <input type="checkbox"/> No Neck: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Throat: <input type="checkbox"/> Yes <input type="checkbox"/> No Neck: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Throat: <input type="checkbox"/> Yes <input type="checkbox"/> No Neck: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Data points	Patient 6	Patient 7	Patient 8	Patient 9	Patient 10
1) Patient referred to Pharmacy First service or patient presented to the pharmacy?	<input type="checkbox"/> Referral <input type="checkbox"/> Pt presented	<input type="checkbox"/> Referral <input type="checkbox"/> Pt presented	<input type="checkbox"/> Referral <input type="checkbox"/> Pt presented	<input type="checkbox"/> Referral <input type="checkbox"/> Pt presented	<input type="checkbox"/> Referral <input type="checkbox"/> Pt presented
2) Consultation method – face-to-face in the pharmacy or remote consultation?	<input type="checkbox"/> In pharmacy <input type="checkbox"/> Remote	<input type="checkbox"/> In pharmacy <input type="checkbox"/> Remote	<input type="checkbox"/> In pharmacy <input type="checkbox"/> Remote	<input type="checkbox"/> In pharmacy <input type="checkbox"/> Remote	<input type="checkbox"/> In pharmacy <input type="checkbox"/> Remote
3) Patient is a child or an adult (18 years or over)	<input type="checkbox"/> Child <input type="checkbox"/> Adult	<input type="checkbox"/> Child <input type="checkbox"/> Adult	<input type="checkbox"/> Child <input type="checkbox"/> Adult	<input type="checkbox"/> Child <input type="checkbox"/> Adult	<input type="checkbox"/> Child <input type="checkbox"/> Adult
4) FeverPAIN score (only patients with scores 0 to 3 are included in the audit sample)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5) Standard 1 – TARGET RTI leaflet used in consultation and given to or sent to the patient	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Standard 2 – consultation includes providing advice on the natural history and average length of sore throat symptoms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Standard 3 – consultation includes providing advice on when to re-consult if symptoms do not resolve	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) Standard 4 – consultation includes providing general information on antimicrobial stewardship, antibiotic use and resistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9) Standard 5 – Throat and neck examined (only for face-to-face consultations with patients with a FeverPAIN score of 2 or 3) N/A = not applicable	Throat: <input type="checkbox"/> Yes <input type="checkbox"/> No Neck: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Throat: <input type="checkbox"/> Yes <input type="checkbox"/> No Neck: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Throat: <input type="checkbox"/> Yes <input type="checkbox"/> No Neck: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Throat: <input type="checkbox"/> Yes <input type="checkbox"/> No Neck: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Throat: <input type="checkbox"/> Yes <input type="checkbox"/> No Neck: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A