

2017 SURVEY OF HOSPITAL-ACQUIRED INFECTIONS AND ANTIMICROBIAL USE

Ward List A1

Ward name for internal use [not recorded on WebForm] _____

Please record details below for each Ward.

Completed Ward Lists should be returned to PPS Team for entry to Web System

Hospital & Ward code

Hospital code			Ward code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Ward specialty

[MIA PickList](#)

Survey date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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On this ward, is a review performed on the appropriateness of antimicrobials within 72 hours from the initial order?

☐ Yes

☐ No

Total number of beds

Number of beds occupied on the day of PPS

Number of beds with functioning AHR dispensers at point of care

Number of patient rooms in ward

Number of single patient rooms

Number of single patient rooms with *en suite* bathroom, i.e. toilet & shower/bath

Total number of patients included in PPS

Ward name

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Note: If there are more than 20 beds on ward please continue on another Ward List – Completed Ward Lists to be retained by the PPS team leader