



Addendum 2. To 'Antibiotic prescription in febrile children: impact of clinical profile and cultural background', Oostenbrink et al

Hospital data collection (to be completed once for the study)

General questions/Hospital data

Data of registration (ddmmyyyy)

Code of hospital, name and country (in final webform each participating hospital will be included in a list where to choose from)

Adherence area (number/completed by 9.999.999 if unknown)

Setting (inner city/ rural/mixed/not known)

Type (academic/teaching/ non-teaching/not known)

Number of pediatric emergency care admittance annually (number/completed by 999.999 if unknown)

Type of triage system used (none/MTS/CTCS/ESI/other/not known)

If other: please specify name:.....

Availability of specific guidelines:

- a) Guideline for children with fever (NICE/local/other/none/not known)
 - a. If local or other, please specify:.....
- b) Guideline for children with urinary tract infections (NICE/local/other/none/not known)
 - a. If local or other, please specify:.....
- c) Guideline for children with respiratory infections (British thoracic society/NICE/local/other/none/not known)
 - a. If local or other, please specify:.....
- d) Guideline for children suspected for meningitis/sepsis (NICE/local/other/none/not known)
 - a. If local or other, please specify:.....
- e) Other guidelines (yes/no/not known)
 - a. If other, please specify:.....

Description of national immunization schedule

- a) National immunization coverage: ...%
- b) DKTP availability yes/no; administration schedule....; name vaccine:...
- c) Hib availability yes/no; administration schedule....; name vaccine:...
- d) S. Pneumoniae availability yes/no; administration schedule....; name vaccine:...
- e) N. Meningococcus C availability yes/no; administration schedule....; name vaccine:...
- f) Hepatitis B availability yes/no; administration schedule....; name vaccine:...