Supplementary Material

Early Switch from Intravenous to Oral Antibiotics in Skin- and Soft-tissue Infections: An Algorithm-based Prospective Multicentre Pilot Trial.

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Figure S1 Study flow chart; IV: intravenous, SSTI: skin and soft tissue infection; AB: antibiotics

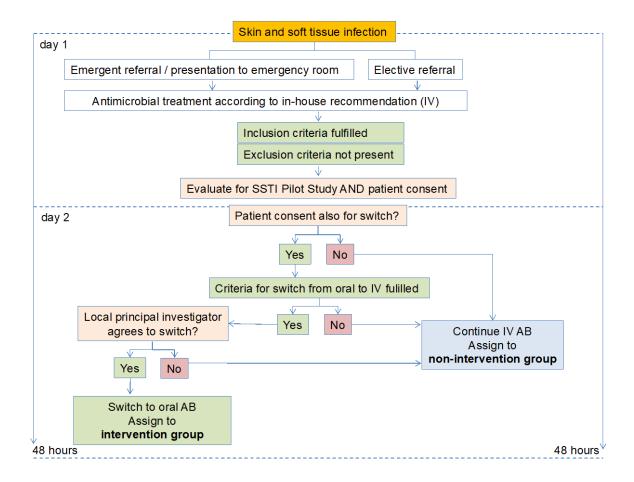


Figure S2 predefined switch criteria; PO: per os; IV: intravenous.

EVALUATION / CHECKLIST FOR SWITCH FROM IV TO PO

Date: Date: _		
Responsible physician Membe	r of the study team	
Siganture Signatu	re	
INCLUSION CRITERIA	Yes	No
Clinical response to antibiotic IV therapy (if one several criteria fulfilled, indicate "yes") - General state improved - Pain reduced - Erythema smaller - Normalisation of PEDIS 4 Score - Decrease or lack of increase of laboratory value.		
Temperature ≤37.8°C for at least 24 hours		
Enteral absorption is likely or proven		
Is able to eat or drink		
EXCLUSION CRITERIA (CONTINUE IV THER	APY) Yes	No
Patient refuses o participate		
PI overrules switch to oral antibiotics		
One or more of the following criteria: • No clinical response (see above) • Persisting fever (≥38°C) • Hypotonia, Tachycardia due to infection.		
In case of "X" in a grey field, antibiotic therapy m	ust not switch to oral formulation	on.
Final decision	Yes	No
Inclusion SE-SSTI Study		
Data obtained		
Switch to oral arm		

Confidential

884_SE-SSTI

Tag 30 clinical response (engl.)

Record ID	
Interviewer	
Date of the clinical response	
	(Date)
Is the patient still hospitalized?	○ Yes ○ No
Prolonged hospitalisation because of a relapse of a skin or soft tissue infection (SSTI)?	○ Yes ○ No
Reason of the prolonged hospitalisation, if there is no \ensuremath{SSTI}	
Re-hospitalisation after discharge?	○ Yes○ No(Also in an other hospital)
Number of days of the renewed hospitalisation	
Time interval (in days) between diagnosis of the SSTI and the phone interview	
Renewed antibiotic treatment after discharge?	○ Yes ○ No
Which antibiotic agent?	
	(Name of the medication)
Number of doses	

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Date of the restart of the antibiotic treatment?	
When was the antibiotic treatment stopped?	
Was there a renewed doctor visit after discharge?	○ Yes ○ No
When was the doctor visit?	
Where was the follow-up appointment?	
	(Family physician, Hospital, please organize the finding)
General state of health?	better than at dischargeas good as at dischargeworse than at discharge
Decrease of the redness?	 Yes No (Subjectiv, from the patients's standpoint, area and colour intensity)
Blood pressure (in the morning at rest, in mmHg)	
	(If the patient made a home blood pressure measurement)
Pulse	
	(If the patient measure on his own)
Temperature	
	(If the patient measure on his own)
Assessment of pain on the VAS-Scale	
Decrease of pain?	○ No○ Yes○ Unchanged(To to enquire about the VAS-Scale)
Pathogen detection in blood cultures?	Group A streptococci (GAS) Group C/G streptococci (GCS/GGS) Group B streptococci (GBS) Staphylococcus aureus Other organisms No organism identified
Microorgansim?	

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Microorgansims from a local sample?	 □ Group A streptococci (GAS) □ Group C/G streptococci (GCS/GGS) □ Group B streptococci (GBS) □ Staphylococcus aureus □ Other □ No pathogen
Other species?	

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PAIN and Figure S4

On hospital admission, the mean reported visual analogue scale score was 3 when participants moved the body site/extremity, and 2 when they rested the body site/extremity. During the course of hospitalization, these values improved to 1 and 0, respectively, in most patients belonging to the intervention group. In the non-intervention group, higher values were reported (Figure S2).

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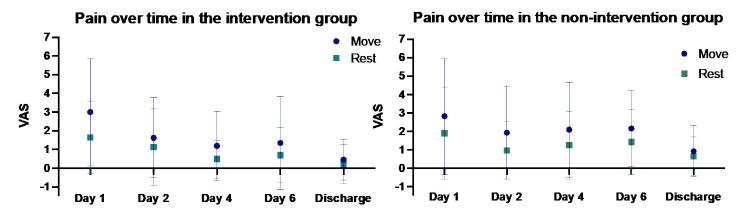


Figure S4: Mean and SD of pain measured on visual analogue scale (VAS) (0: no pain, 10: maximal pain)