

Date (dd/mm/yyyy)	Sampling		Dosage to be administered				Accountability		Preparation steps <i>(sign each)</i>				Formal ECG today?	I.V. Antibiotics given today?	If yes, which anti-biotics? **	Positive blood or CSF culture today?	If positive, which sample?	If positive, date sample taken (dd/mm/yyyy)	If positive, which organism(s)	
	Airway sample type taken*	Stool sample taken	IMP given today?	Weight used to calculate dose (g)	Dose to be given (mL)	Reason if not given	No. of vials used	No. of vials wasted	Add 4.8 mL water	Invert 5 times	Stand for 5 mins	1ml in 49 mL diluent								
Day before study treatment <input type="checkbox"/> N/A	<input type="checkbox"/> ETA <input type="checkbox"/> NPA <input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>												<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Blood <input type="checkbox"/> CSF		1. _____ 2. _____ 3. _____	
Day before study treatment <input type="checkbox"/> N/A	<input type="checkbox"/> ETA <input type="checkbox"/> NPA <input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>												<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Blood <input type="checkbox"/> CSF		1. _____ 2. _____ 3. _____	
Day of study treatment 1 Time: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/> ETA <input type="checkbox"/> NPA <input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No I.V. access <input type="checkbox"/> Other <sup>2</sup>			Sign:	Sign:	Sign:	Sign:	<input type="checkbox"/> Yes <sup>3</sup> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Blood <input type="checkbox"/> CSF		1. _____ 2. _____ 3. _____	
2		<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No I.V. access <input type="checkbox"/> Other <sup>2</sup>			Sign:	Sign:	Sign:	Sign:	<input type="checkbox"/> Yes <sup>3</sup> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Blood <input type="checkbox"/> CSF		1. _____ 2. _____ 3. _____	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No I.V. access <input type="checkbox"/> Other <sup>2</sup>			Sign:	Sign:	Sign:	Sign:	<input type="checkbox"/> Yes <sup>3</sup> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Blood <input type="checkbox"/> CSF		1. _____ 2. _____ 3. _____	
4	<input type="checkbox"/> ETA <input type="checkbox"/> NPA <input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No I.V. access <input type="checkbox"/> Other <sup>2</sup>			Sign:	Sign:	Sign:	Sign:	<input type="checkbox"/> Yes <sup>3</sup> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Blood <input type="checkbox"/> CSF		1. _____ 2. _____ 3. _____	
5 <sup>5</sup>	<input type="checkbox"/> ETA <input type="checkbox"/> NPA <input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No I.V. access <input type="checkbox"/> Other <sup>2</sup>			Sign:	Sign:	Sign:	Sign:	<input type="checkbox"/> Yes <sup>3</sup> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Blood <input type="checkbox"/> CSF		1. _____ 2. _____ 3. _____	
6	<input type="checkbox"/> ETA <input type="checkbox"/> NPA <input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No I.V. access <input type="checkbox"/> Other <sup>2</sup>			Sign:	Sign:	Sign:	Sign:	<input type="checkbox"/> Yes <sup>3</sup> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Blood <input type="checkbox"/> CSF		1. _____ 2. _____ 3. _____	
7		<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No I.V. access <input type="checkbox"/> Other <sup>2</sup>			Sign:	Sign:	Sign:	Sign:	<input type="checkbox"/> Yes <sup>3</sup> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Blood <input type="checkbox"/> CSF		1. _____ 2. _____ 3. _____	
8	<input type="checkbox"/> ETA <input type="checkbox"/> NPA <input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No I.V. access <input type="checkbox"/> Other <sup>2</sup>			Sign:	Sign:	Sign:	Sign:	<input type="checkbox"/> Yes <sup>3</sup> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Blood <input type="checkbox"/> CSF		1. _____ 2. _____ 3. _____	
9	<input type="checkbox"/> ETA <input type="checkbox"/> NPA <input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No I.V. access <input type="checkbox"/> Other <sup>2</sup>			Sign:	Sign:	Sign:	Sign:	<input type="checkbox"/> Yes <sup>3</sup> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Blood <input type="checkbox"/> CSF		1. _____ 2. _____ 3. _____	
10 <sup>#</sup>	<input type="checkbox"/> ETA <input type="checkbox"/> NPA <input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No I.V. access <input type="checkbox"/> Other <sup>2</sup>			Sign:	Sign:	Sign:	Sign:	<input type="checkbox"/> Yes <sup>3</sup> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Blood <input type="checkbox"/> CSF		1. _____ 2. _____ 3. _____	
Accountability check at end of dosing																				
In the current opinion of the study team has the baby received							<input type="checkbox"/> Azithromycin, <input type="checkbox"/> Placebo, <input type="checkbox"/> unable to tell													
11	<input type="checkbox"/> ETA <input type="checkbox"/> NPA <input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>												<input type="checkbox"/> Yes <sup>3</sup> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Blood <input type="checkbox"/> CSF		1. _____ 2. _____ 3. _____

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13														<input type="checkbox"/> Yes <sup>3</sup> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Blood <input type="checkbox"/> CSF		1. _____ 2. _____ 3. _____
14 <sup>†</sup>		<input type="checkbox"/> ETA <input type="checkbox"/> NPA	<input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>										<input type="checkbox"/> Yes <sup>3</sup> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Blood <input type="checkbox"/> CSF		1. _____ 2. _____ 3. _____
15		<input type="checkbox"/> ETA <input type="checkbox"/> NPA	<input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>											<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Blood <input type="checkbox"/> CSF		1. _____ 2. _____ 3. _____
16		<input type="checkbox"/> ETA <input type="checkbox"/> NPA	<input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>											<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Blood <input type="checkbox"/> CSF		1. _____ 2. _____ 3. _____
17		<input type="checkbox"/> ETA <input type="checkbox"/> NPA	<input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>											<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Blood <input type="checkbox"/> CSF		1. _____ 2. _____ 3. _____
18		<input type="checkbox"/> ETA <input type="checkbox"/> NPA	<input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>											<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Blood <input type="checkbox"/> CSF		1. _____ 2. _____ 3. _____
19		<input type="checkbox"/> ETA <input type="checkbox"/> NPA	<input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>											<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Blood <input type="checkbox"/> CSF		1. _____ 2. _____ 3. _____
20		<input type="checkbox"/> ETA <input type="checkbox"/> NPA	<input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>											<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Blood <input type="checkbox"/> CSF		1. _____ 2. _____ 3. _____
21		<input type="checkbox"/> ETA <input type="checkbox"/> NPA	<input type="checkbox"/> No <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>											<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Blood <input type="checkbox"/> CSF		1. _____ 2. _____ 3. _____

Guidance notes on sampling		**Antibiotic code list	
†Baseline	Please obtain sample opportunistically, as available, as soon as possible even after commencing first dose	1. Benzylpenicillin	8. Meropenem
§Day 5	Day 4-6 is acceptable (one sample suffices)	2. Gentamycin	9. Teicoplanin
#Day 10	Day 8-12 is acceptable (one sample suffices)	3. Amoxicillin	10. Piperacillin/tazobactam
‡Day 14	Up to 21 days of life is acceptable (one of each sample suffices). Lung and stool samples need not be taken on the same day	4. Flucloxacillin	11. Cefotaxime
* ETA= Endotracheal aspirate/Tracheal aspirate fluid		5. Ceftazidime	12. Ampicillin
NPA= Nasopharyngeal aspirate		6. Metronidazole	13. Clindamycin
		7. Vancomycin	14. Ceftriaxone
			15. Other: _____
			16. Other: _____
			17. Other: _____

<b>Notes (free text section):</b>	