

## *Current Infectious Disease Reports*

# Defining international critical care pharmacist contributions to sepsis and exploring variability

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**Online Resource 1 (Supplementary Table).** An overview of themes, sub-themes, and codes for Clinical Pharmacy Service Characteristics: Sources of Variability in National Intensive Care Unit (ICU) Clinical Pharmacy Services

Themes	Determinants					Recruitment	
Sub-themes	<i>Funding</i>	<i>Legislative</i>	<i>Population</i>	<i>Workforce</i>	<i>Perceptions</i>	<i>Qualifications</i>	<i>Experience</i>
<b>Codes</b>	Hospital Funding	Regional Decision Making	Patient Factors	Staffing	Pharmacist Skillset	Post-graduate Diploma in Clinical Pharmacy	Hospital Residency Programme Components
	National Funding	Scope of Practice	ICU Size	Dispensing and Technical Requirements	Pharmacist as a Multidisciplinary Team (MDT) Member	Post-Graduate Master's in Clinical Pharmacy	Exposure to ICU Related Specialties
	Public or Private Sector	National ICU Service Standards		University Affiliation	Hospital, Medical, Pharmacy Culture		Recognised Hospital Training Programmes
	Evidence of Cost-Avoidance				Public and Politicians		Evidence of ICU Competency
					National, Regional and Local Decision Makers		Clinical Pharmacy Background
Themes	Service Provision						
Sub-themes	<i>Constituents</i>				<i>Delivery</i>		
<b>Codes</b>	Medicines Reconciliation	Antimicrobial Stewardship (AMS)			Non-bedside	Bedside	Out of Hours (OOH)/Weekends
		Drug Dosing	Antimicrobial choice	Monitoring	a) Remote advice (reactive, proactive, multiple areas (ICU/other wards/ other hospitals))	a) Physical Presence (MDT ward rounds, interpersonal communication)	a) Seven-Day Service
	a) Medicines History Taking	a) Licensed	a) Restriction (policy or patient factor based)	a) Therapeutic Drug Monitoring (TDM) (antimicrobial choice, unlicensed or licensed dosing adjustments)	b) Guidelines/Policy (sharing between hospitals, creation based on local/national data)	b) Shared Ward Commitments	b) Reduced Service
			b) Selection				c) No service

	b) Medicines History Rationalisation	b) Un-licensed	Patient factors (antimicrobial history, allergies, organ function, biochemistry, microbiological cultures and sensitivities, local/national guidelines, administration route)	b) Surviving Sepsis Campaign Guidance	c) Reporting (antimicrobial use (defined daily doses (DDD)/days of therapy (DOTS)), electronic prescribing and medicines administration (ePMA) capture)	c) Prioritisation to ICU or Other Areas	
	c) Allergy Checking				d) Academic Activities	d) Prescribing (independent and/or supplementary)	
						e) Type of AMS Activities	