**Beta-Lactam Study Data Extraction Tool**

**General Instructions:**

1. In accordance with Trinity Health Institutional Review Board policy and Trinity Health HIPPA policy, researchers will adhere to data security measures to protect all patient data collected.
2. New researchers participating in data collection will be trained by an experienced co-investigator (ED or ID pharmacist) by collecting data together on their first five patients. This training in chart abstraction includes, but is not limited to, review of allergy history section functionality within Epic, evaluation of allergy documentation, detailed review of ED and inpatient medication administration records, and review of ED and inpatient provider/nursing/pharmacy notes to assess for tolerance or allergic reaction during the beta-lactam challenge.
3. Utilize the standard case report form for data collection. This form is arranged in the order that information will be collected from the chart (it matches the patients’ ED visit and admit flow).
4. Following data collection, an experienced co-investigator will randomly audit 10% of completed chart reviews to ensure that data collection was appropriate and accurate.
5. Once data collection is completed on each patient, then data will be transferred from the data collection form to the appropriate categories on the research data spread sheet.

Steps in data collection:

1. Review beta-lactam allergy history:
	1. Assess whether the patient met study criteria inclusion; this most importantly includes assessment of the allergy type and severity.
	2. Assess for previous tolerance via documentation; which would include whether tolerance was documented in the allergy history section of the chart prior to the challenge or via a previous medication administration records.
	3. If documented as moderate or severe allergy, assess the first date of documentation and confirm pre- visit or post-visit date to confirm eligibility for inclusion. If no documentation of tolerance is found, then check previous drug administration within the medications tab and search function to confirm that the patient has never received a beta-lactam.
2. Following assessment of beta-lactam history and verification of inclusion criteria, assess the Medication Administration Record (MAR) to confirm beta-lactam administration was received in the ED and, if tolerated, confirm continuation vs. change to alternative agent on the inpatient service.
3. Assess inpatient provider, nursing, and pharmacy notes to assess for documentation of tolerance/intolerance to beta-lactam challenge and number of days hospitalized. If reaction documented, note the type and severity of reaction and return to the MAR to assess how long it took for the reaction to occur (# of doses).
4. For patients who tolerated both ED and inpatient beta-lactam challenge revisit the allergy documentation tab to assess whether the allergy tolerance was documented within the allergy history section of the chart, confirm the date of tolerance matches the challenge date, and confirm that de-labeled occurred during the visit.