**Supplementary material  
Table 1. DUE criteria on data collection for metronidazole at the studied Egyptian tertiary care hospital.**

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| --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Patient number** | |
|  |  |  |  | **Ticket Number** | |
|  |  |  |  | **Data collector initials** | |
|  |  |  |  | **Department** | |
|  |  |  |  | **Age / Sex/ Weight** | |
|  |  |  |  | **Date** | |
|  |  |  |  | **Criteria (indicators)** | |
| Y/N | Y/N | Y/N | Y/N | **Threshold**  **100%** | **Justification for prescription**  **Compliance with documented use**  **Labelled use:**   1. Amebiasis 2. Anaerobic bacterial infections. 3. Bacterial septicemia(caused by *Clostridium spp*) 4. Bone and joint infections. 5. CNS Infections. 6. Endocarditis. 7. Gynecologic infections. 8. Intra-abdominal infections 9. Lower respiratory tract infections. 10. Skin and skin structure infections. 11. Bacterial vaginosis. 12. Surgical prophylaxis (Preoperative, intraoperative, and postoperative in colorectal surgery).   M.Trichomoniasis.  **Off label used:** |
|  |  |  |  |  | **Others:** |
|  |  |  |  |  | **Combined antibiotics:** |