

## Supplementary Material 1. Interview questions.

For the purpose of clarification, following short briefing regarding the administration process of intravenous antibiotics was given to the participants prior to proceeding with an interview,: ‘Intravenous antibiotics are administered through a piggyback, where a single dose of antibiotics is commonly diluted in saline solution delivered within 10-15 minutes. Our questions are solely addressing the fluid volumes administered as drug diluent and not fluid therapy in general’

The interview was initiated with question no. 1-4 assessing the demographic characteristics of the physician participants such as hospital- and department of primary employment, clinical working experience and the rank of the physician participant.

### Question no. 1:

**Which hospital is your place of employment?**

- A. Aarhus University Hospital
- B. The Region hospital in Viborg
- C. The Region hospital in Randers

### Question no. 2:

**Are you directly employed in the emergency department?**

- A. Yes
- B. No

**Follow-up question if responding ‘no’ to question no. 2:**

**Which other department at the hospital are you employed in?**

- A. Department of Medicine
- B. Department of Surgery
- C. Other departments

### Question no. 3:

**How many years of clinical working experience do you have?**

- A. < 1 year
- B. 1-5 years
- C. 6-10 years
- D. > 10 years

### Question no. 4:

**What is your current rank in the department you are employed in?**

- A. Intern
- B. Resident
- C. Senior Resident
- D. Specialist
- E. Chief physician
- F. Other

### Question no. 5:

**Which of the following around-the-clock prescriptions with intravenous antibiotics/standard prescription package with intravenous antibiotics did you prescribe for this specific patient?**

- A. Aspiration pneumonia package
- B. Erysipelas package
- C. Erysipelas with staphylococcus aureus package
- D. Hemophilus influenzae pneumonia package

- E. COPD with severe exacerbation package
- F. COPD with light pneumonia package
- G. COPD with moderate/severe pneumonia package
- H. Legionella pneumonia package
- I. Meningitis starter package (unknown etiology)
- J. Moraxella catarrhalis pneumonia package
- K. Necrotizing fasciitis package
- L. Pneumonia light starter package (CURB 0-2)
- M. Pneumonia moderate/severe starter package (CURB 3-5)
- N. Pneumonia severe starter package (CURB 3-5)
- O. Pyelonephritis package
- P. Sepsis starter package (unknown etiology)
- Q. Urosepsis package
- R. Other around-the-clock prescription

**Question no. 6:**

**Are you aware about the general fluid volume administered as drug diluent with intravenous antibiotics?**

- A. Yes
- B. No

If you want to elaborate your answer you can give an additional comment:

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**Question no. 7:**

**How many mL of fluids, in general, do you think an around-the-clock prescription with intravenous antibiotics/standard prescription package with intravenous antibiotics will result in after 24 hours of administration?**

**Question no. 8:**

**How many mL of fluids do you think that your around-the-clock prescription with intravenous antibiotics/standard prescription package with intravenous antibiotics will result in for this specific patient after 24 hours of administration?**

**Question no. 9:**

**Are you aware that the fluid volume of the drug diluent varies depending on the choice of antibiotic?**

- A. Yes
- B. No

**Question no. 10:**

**Have you accounted for the fluid volume administered with intravenous antibiotics when planning the 24-hour fluid administration for this specific patient?**

- A. Yes
- B. No

If you want to elaborate your answer you can give an additional comment:

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**Follow-up question if responding 'yes' to question no. 10:**

**How have you accounted for the fluids administered with the antibiotics?**

- A. I have prescribed a 24-hour registration of fluid balance (input and output) to detect potential fluid accumulation
- B. I have reduced the fluid volume of other prescribed intravenous fluids
- C. I have prescribed a 24-hour plan for total fluid administration with a maximum administration of both oral and intravenous fluids.
- D. I have prescribed diuretics
- E. Other

The physician is presented with the total 24-hour fluid volume administered with intravenous antibiotics for their specific patient

**Question no. 12:**

**If you had known the total 24-hour fluid volume administered as drug diluent with the intravenous antibiotics, would it have affected the planned 24-hour fluid administration for this specific patient?**

- A. Yes
- B. No

If you want to elaborate your answer you can give an additional comment:

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**Follow-up question if responding ‘yes’ to question no. 12:**

**Which adjustments would you like to make to account for the fluid volumes administered as drug diluent with the intravenous antibiotics?**

- A. I would have prescribed a 24-hour registration of fluid balance (input and output) to detect potential fluid accumulation
- B. I would have reduced the fluid volume of other prescribed intravenous fluids
- C. I would have prescribed a 24-hour plan for total fluid administration with a maximum administration of both oral and intravenous fluids.
- D. I would have prescribed diuretics
- E. I would have discontinued or change the prescribed antibiotics
- F. Other

**Question no. 13:**

**Would you prefer to be made aware about the fluid volume administered with the intravenous antibiotics during the prescription process?**

- A. Yes
- B. No

**Follow-up question if responding ‘yes’ to question no. 13:**

**What would you suggest to be a clinical effective way to improve awareness?**

- A. Electronic medical record
- B. E-dok (an IT-platform which contains updated guidelines and instructions of the specific region)
- C. Other