

**Supplementary Table 1.** Additional comments by the participants.

Participant no.	Additional comments made to question, “Are you aware about the general fluid volumes administered as drug diluent with intravenous antibiotics?”	Additional comments made to question, “Have you accounted for the fluid volume administered with the intravenous antibiotics when planning the 24-hour plan for fluid administration for this particular patient?”	Additional comments made to question, “If you had known the total 24-hour fluid volume administered with the intravenous antibiotics, would it have affected the planned 24-hour fluid administration for your patient?”
1	-	It was not relevant for my patient, but if the patient had had significant comorbidities, then it would have been relevant to account for the fluid that comes with the antibiotics	-
2	-	-	I would not have made changes in the overall treatment plan since my patient is both young and healthy why it would not matter so much if the patient had received intravenous fluid since young people tolerate fluids better.
3	I would say that I have somewhat of an idea about the amount of intravenous fluid that is given with each dosage.	-	It would not have changed anything in the plan since my patient tolerates fluids, but if it had been a patient with heart disease or kidney disease, then I would have considered the fluid volume that is given.
4	I am not aware about the fluid volume given with the intravenous medicine; it is not something I really think about.	-	Based on this particular patient it would not have resulted in any changes in the total fluid administration plan. But if it had been a patient with heart disease then I would have been aware about the fluid volumes.
5	-	I have not accounted for the fluids that was administered with the antibiotics since my patient can tolerate receiving intravenous fluids.	-
6	-	-	-

7	-	-	I would not change anything for my specific patient. If it had been a patient with heart disease, then 300 mL of intravenous fluids would have had a great impact for such patient. It does not require much fluid to reach the maximum fluid intake when having a heart disease. The answer to this question depends on which kind of patient we are treating.
8	-	I have accounted for the fluids by reducing the other fluid prescriptions since this patient is not allowed to receive too much fluid.	Since I am already aware of the fluid volumes which is given with the antibiotics, I would not change anything further.
9	-	This specific patient is dehydrated and needs fluid as a part of the main treatment plan. Therefore, it has not been relevant to restrict or account for fluid. The focus for this patient is to give fluid therapy. Also, this patient is not known with any diseases which makes him intolerable towards intravenous fluid.	The patient does not have any major comorbidities, no heart disease, so therefore no changes of the fluid treatment plan have been made.
10	-	The way I have taken intravenous fluids into account, is by encouraging the patient to increase the oral intake.	It would have affected the treatment plan if the patient was not able to tolerate intravenous fluid.
11	-	-	No, it would not have led to any changes since this patient needs fluids as a part of the treatment plan.
12	-	-	
13	I have never thought about whether intravenous antibiotics is diluted in a substantial amount of fluids.	-	Not for this patient, since this patient does not have kidney disease. But if the patient had had kidney disease, then I would have reflected more about the fluids that are given with the intravenous antibiotics.

14		This patient has sepsis, and therefore fluid is a part of the treatment plan.	If the patient had had a heart disease, then it would be of relevance to consider.
15	It is not something I think about in my daily clinical work as a physician.		Right of the bat, I would not think that 400 mL of intravenous fluid would have any significant consequence for this patient. If it would have been another type of patient, which is not allowed to receive much fluids due to fluid restrictive diseases, then it would have been relevant to reduce the other prescribed fluid administration.
16	-	-	-
17	-	-	-
18	-	-	Not for this patient, but if the patient was fluid uncompensated, then it would have affected the plan.
19	-	-	No changes for this patient, but for a patient with a risk of developing lung edema, then I would have reduced the other fluid prescriptions.
20	-	Fluid is a part of the treatment plan for a sepsis patient, and since my patient has sepsis, I did not account for the fluid.	It would not have affected the plan or lead to any changes since this patient needs fluid as a part of the treatment plan. I might even have overestimated how much fluid that is given with the intravenous antibiotics. I was under the impression that a piperacillin/tazobactam prescription would have resulted in more fluid. But in general, it is important to consider the fluid volume and the type of fluid that the medicine is diluted in. The fluid volume is relevant when having a patient with heart disease. The type of fluid is relevant when dealing with a patient with hyponatremia who are not

			<p>allowed to receive too much natrium within a short time frame.</p> <p>As a physician working in the internal medicine department, it is relevant to consider the volume of fluids and the type of fluid that is administered with antibiotics, but I do not believe it is relevant for an emergency medicine physician.</p>
21	-	-	-
22	-	-	-
23	-	-	400 mL of fluids does not have an impact on this patient.
24	I am to some degree aware, although it is not something I really think much about.		<p>My patient did not have any known electrolyte imbalances and therefore I am not worried about maintaining my current treatment plan.</p> <p>If it would have been a patient with electrolyte imbalances, then I would have been aware about the type of fluid which the medicine is diluted in. I assume that antibiotics are diluted in a saline solution.</p>
25	I am aware about the fluid volume and the type of solution it is diluted in.	I have accounted for the fluid and accounted for that it is diluted in saline solution.	My patient tolerates both the volume and the saline solution therefore I will not make any changes for this patient. If the patient could not tolerate receiving much fluid or salt, then I would be cautious about giving too much fluid including the fluid administered with the antibiotics.
26	-	I have not accounted for the fluid in this case, but if the patient was known with hypervolaemia, heart disease etc. then it would not be favourable to give the patient fluids and then I would have accounted for it.	The fluid volume does not lead to any significant consequence for this patient but if the patient had had a heart disease, then this information, that you have given me, would have changed the total fluid administration plan since a patient

			with heart disease reaches the maximum fluid intake relatively quick, even by the fluid given with antibiotics.
27	-	-	It does not change anything for this patient, but if the patient was on a fluid restrictive regimen, then it would have affected.
28	-	For the average patient without incompensation/fluid overload, it is not relevant to account for the fluid, but if it would have been a patient with kidney disease or an overhydrated patient, then I would have accounted for it.	No, since this patient does not have incompensation.
29	-	I have not accounted for the fluids for this patient, but if the patient would have had an imbalance between the input and output, such as a patient with short-gut syndrome, or any other comorbidity then the fluid given with the intravenous antibiotics would have a greater impact. Many patients also receive intravenous paracetamol etc. so the total fluid volume can quickly surpass the ability of the body to get rid of the fluid.	The fluid does not affect this patient. If the patient would have had a disease making them prone to fluid retention due to impaired fluid excretion, then it would be relevant to change the plan. Furthermore, if it was a patient with salt imbalances, I would opt for another type of fluid.  As an internal medicine physician, we often prescribe diuretics when too much fluid has been given. Therefore, it could be very beneficial to visualize the fluid volume in the electronic medical record thereby preventing the fluid overload and thereby preventing the need of using diuretics.
30	-	The patient is dehydrated and needs fluid as part of main treatment, and the fluid given through intravenous antibiotics is not enough. The patient needs additional fluid.	If the patient had had an uncompensated heart disease or salt imbalance, it would have been of importance.
31	-	-	If the patient was receiving other intravenous drugs besides the antibiotics or was given fluid therapy, then it would

			have affected the total fluid administration. But my patient only receives intravenous piperacillin/tazobactam, so therefore I will not make any changes.
32	-	This patient tolerates fluids and therefore I have not accounted for it. If the patient had a heart disease or any other fluid intolerable condition, I would have accounted for it.	For this particular patient I will not make any changes, but for my future patients and prescriptions, I will reflect upon it.
33	-	This patient is not on any fluid restrictive regimen therefore I have not accounted for the fluids that is administered with the antibiotics.	If the patient had had an electrolyte imbalance or another disease making them vulnerable towards fluids, then it would have affected.
34	-	-	It does not change anything for this patient, but if the patient was known with kidney disease, then the patient would not tolerate much fluid, and in such scenario, it would have affected the plan.
35	I am well aware. This department have agreed on using 100 mL drug diluent per dosage.	I have accounted for the fluid volume by reducing the other fluid administration and I have also accounted for the salt aspect of the fluid.	This patient is neither uncompensated nor has electrolyte imbalances, therefore I accept the 400 mL of fluids administered over a 24-hour period. It could be beneficial, if it was possible to choose the fluid volume and the type of fluid during the prescription process. I think it would be better if the volume of the drug diluent is 50 mL instead of 100 mL.
36	-	-	-
37	-	-	-
38	I am pretty sure that all prescriptions are diluted in 100 mL of fluids.	-	-
39	-	-	-

40	I am aware that intravenous antibiotics is diluted in fluids, but it is not something I reflect upon when prescribing.	-	I will not make any changes in the plan for this patient. In general, I am not so worried about prescribing fluids administered with medicine if the patient is otherwise healthy. Unless new studies indicate that the fluid volume administered with medicine are of significance, then I would consider changing the plans of upcoming prescriptions.
41	It is not something I think about.	I am assuming, that the fluid given with intravenous antibiotics is not a significant amount therefore I have not accounted for it. My patient is suffering from acute kidney failure, why fluids are a part of the treatment plan, therefore I prefer giving as much fluid as needed for this patient.	I would like to have the option of seeing the fluid volume when prescribing when dealing with patients who do not tolerate fluids.
42	-	-	It will not affect the plan for this patient, but if the patient had had a salt imbalance, then I would like to know the fluid volume administered with the intravenous medicine, since its typically diluted in saline solution. In such case, the speed of which the intravenous antibiotics is administered when treating patients with hyponatremia is important.
43	-	I have accounted for the fluids by prescribing a fluid registration chart since my patient does not tolerate much fluid.	If the patient had hyponatremia or hypernatremia, then I would be aware of the amount and the diluting agent; in such case I would have changed the plan.
44	-	My patient is suffering from hypernatremia and therefore the patient is not allowed to receive much fluid. I have accounted for the fluid volume by prescribing a fluid registration chart.	-

45	-	-	The 300 mL which was administered with the antibiotics does not have an impact on this patient, but if the patient had had a heart disease or kidney disease, then the amount would be significant and that would have led to an overall change of the total fluid administration plan.
46	-	-	The patient does not suffer from kidney disease, liver disease or heart disease, and therefore the patient can tolerate the amount of fluid that comes along with the antibiotics. If the patient would have had such diseases, it would have affected the total fluid administration plan.
47	-	-	It does not make any difference for this patient. If the patient had had a kidney disease, then the fluid volume (500 mL) is potentially too much.
48	-	-	If it had been a patient with heart disease or salt imbalance, then it would have affected. I am convinced that the nurses are very aware about how much fluid their patients can tolerate. I do not think 100 mL of fluids is worrisome, but if it would have been 400 mL then it would have been significant amount for a patient with heart disease.
49	-	The patient is dehydrated due to several episodes of vomiting, therefore, the focus in this case is giving the patient lots of fluids.	If it was a patient that was prone to developing edema, then it would have affected the plan.
50	I do not think about the fluid administered with the intravenous antibiotics.	I have not accounted for the fluid since the patient is not on a fluid restrictive regime.	I think it could be of importance to make the fluid volumes visible when prescribing, especially when dealing with a patient with heart disease. But I assume that the nurses register all fluids



			on the fluid registration charts when dealing with a patient fluid restrictive regime.
51	-	-	It does not change anything for this patient, but if the patient was on a fluid restricted regimen, then it would have affected.
52	-	-	For this patient, it does not change anything since the patient tolerates fluids. If the patient had had a heart disease or could not tolerate fluids due to other conditions, then even 100 mL of fluids would be relevant to be made aware about.
53	I really do not think about it.	I have not accounted for the fluids since I generally do not consider the fluid administered with the antibiotics.	From now on, I will be more aware about the fluids, especially when dealing with a patient known with heart disease. For this particular patient, it does not matter, but I will think about in the future when prescribing.
54	I do not usually think about it.	I have not since my patient is not known with heart disease. My patient tolerates fluids.	-
55	-	-	If it had been an uncompensated patient, then 500 mL of fluids would have played a bigger role, but for my patient it does not have an impact. I think it would be good, if we were able to see the fluid volume and the type of fluid in the electronic medical journal when prescribing; in this way, we could avoid administering antibiotics with saline when dealing with a patient with hypernatremia.
56	-	I am aware about the fluid administered with the antibiotics; therefore, I have	I will not make any further changes since I already have done that.

		accounted for it by reducing other fluid administrations.	
57	-	The fluid volume given with antibiotics is not significant, therefore it is not something I account for when making a treatment plan.	-
58	-	-	I highly doubt, that the fluid volume administered with antibiotics are a significant contributor to fluid overload in patients. I do not believe it is relevant for the physicians in the emergency department to be made aware of the fluid volumes while prescribing. But it could be relevant for the physicians working in internal medicine.
59	It is not something I really think about since the nurses usually are in charge of handling the administration of antibiotics.	-	It does not change anything for this patient. If it had been a patient on a fluid restrictive regimen, then I would have liked to be informed that the intravenous antibiotics was administered with 400 mL of fluids throughout a 24-hour period.
60	-	I have not accounted for the fluid for this specific patient since the patient does not suffer from heart or kidney disease and is not on a fluid restrictive regimen.	It does not affect the fluid administration for this specific patient, but, if it the patient had had a heart- or kidney disease, then it would have. I would like to be informed about the fluid volume in the electronic medical record while prescribing because it is relevant information.
61	-	I have accounted for the fluids by making a 24-hour fluid administration plan with a maximum administration. It is then the nurses' responsible to observe when the patient has reached the maximum.	-
62	-	-	-

63	-	I have not accounted for this specific patient, but if it was patient with heart disease.	I would like to be informed about the fluid volume since it is relevant information and should be accounted for when making a plan for fluid administration.
64	-	-	Not for this specific patient, but if the patient was suffering from either heart-, kidney or liver disease then 400 mL of fluids would have a relevant impact and then I would have made a change of the current treatment plan.
65	I do not really reflect upon it.	-	Not for this specific patient, but if the patient had heart disease, then 400 mL of fluids would have been relatively much. It would be helpful, if the fluid volume was visible in the medicine module of the electronic medical record, because that would make one aware during the prescribing process.
66	The nurses are in charge of the intravenous antibiotics, so I do not think about it.	-	It would have affected the plan if the patient had had a heart disease.
67	-	I have not accounted for the fluids, because the patient is young and is allowed to receive fluids.	It does not affect the plan since the patient is young. If the patient had had a heart disease or other relevant diseases, then I would have liked to know about the fluid volume administered with the medicine.
68	-	-	It does affect the plan. I will change the intravenous clarithromycin to oral clarithromycin since 900 mL of fluids over a 24-hour period is too much fluid.
69	-	-	It does not change anything for this specific patient. If it was a patient with heart disease or a patient on a fluid restrictive protocol, then I would have liked to be informed

			about the 400 mL of fluids when prescribing.
70	-	-	I am treating the patient with fluid therapy due to rhabdomyolysis and therefore I will not make changes. If the patient had had a heart disease, then it would have affected the fluid therapy plan. I have not been aware, that the standard prescription package for severe pneumonia resulted in so much fluid in a 24-hour period. That is indeed surprising.
71	I do not think about the diluting volumes. I focus on the antibiotics which is given, and not the fluid volume that it is diluted in.	-	Surgical patients are given a lot of intravenous fluids since they are not allowed to drink orally due to fasting protocol. Especially patients with pancreatitis receive lots of fluids. If I was dealing with a patient with heart disease, then I would assume, that there have been made a fluid restrictive regimen. In general, as a surgeon, I do not think much about the fluid volume.
72	-	-	-
73	-	-	It does not affect or change the plan, since this specific patient tolerates fluids. But I must admit, I am quite surprised about the fluid volume. I will keep that in mind for future prescriptions.
74	-	The patient is young and tolerates fluids, so I have not accounted for it.	If the patient was suffering from a heart- or kidney disease, then I would have prescribed a 24-hour plan for fluid administration with a maximum and I would expect the nurses to be in charge of it.
75	-	-	If the patient had had a heart disease, then I would like to be informed about the fluid volumes.

76	-	-	-
77	It is not something I think about.	-	I am treating an uncomplicated patient and the patient that I am treating tolerates fluids. But if the patient had had severe comorbidities, then it would have affected the plan.
78	-	-	-
79	-	-	It does not affect the plan since the patient is not on a fluid restrictive regimen.
80	It is not something I think about when I prescribe antibiotics.	-	It does not affect the plan for this specific patient, but if the patient was on a fluid restrictive regimen, then I would have reflected upon the 400 mL of fluids given with the medicine.
81	-	In general, I have a fluid restrictive approach. I always make sure to cover whether the patient I am treating has relevant comorbidities such as heart- or kidney disease. Generally, I do consider all the fluids that are given, including the fluid administered with intravenous medicine.	-
82	I generally do not think about the fluid administered with intravenous antibiotics.	I usually do not account for the fluids administered with the antibiotics. And for this specific patient, I have not accounted for it either, since the patient is being treated for septic shock and therefore is supposed to receive a lot of fluid.	I will reflect upon the fluid administered with the antibiotics when I am going to deal with a patient suffering from a heart disease in the future.
83	It is not something I think about.	-	It does not affect the plan for this specific patient, but if the patient was uncompensated, then it would have affected the plan. It would be helpful to be informed about the fluid volume in the electronic medical record.

84	-	-	I am aware of the fluids, and I have accounted for it why I do not want to make any changes in the plan. In general, it would be helpful, if the fluid volume appears in the electronic medical record, especially when treating patients with heart, kidney, or short-gut syndrome patients.
85	It is not something I reflect upon in my daily clinical practice.	I have not accounted for it, since I do not think about the fluid administered with the antibiotics.	It will affect the plan because the patient I am treating is suffering from heart disease. I am going to reduce the other fluid administration and to change the antibiotic administration from intravenous to oral. I was not aware, that the chosen standard prescription package with intravenous clarithromycin resulted in 900 mL of fluids. I generally have not prescribed clarithromycin that often, so it surprises me, that clarithromycin is diluted in so much fluid.
86	-	I have not because this patient tolerates fluids.	If the patient was on a fluid restrictive regimen, I would have changed the plan.
87	-	-	I will definitely think about this information from now on since 400 mL can be much fluid for patient with heart disease.
88	I do not have any idea about the fluid volume administered with intravenous antibiotics.	-	It does not change anything for this patient, but it would have if the patient had had a heart disease.
89	-	-	If the patient was suffering from heart disease, then 300 mL of fluid would be significant.
90	I know that intravenous antibiotics is diluted in fluid, but I am not aware about the volume.	-	-
91	-	-	-

92	It is not something I think about when I prescribe intravenous medicine.	-	It does not affect the plan, and I think by adding the information about fluid volume would confuse the physicians.
93	-	-	-
94	Although I am aware that a single prescription with antibiotics results in 100 mL of fluids, it is not really something I think about.	I usually do not account for it when making the plan for fluid administration.	This specific patient is allowed to receive 400 mL of fluids so therefore I will retain my current plan. But for future patients, I will defiantly take it into consideration.
95	-	-	It is relevant for physicians to be informed about the type of fluids and the volumes of fluid every prescription results in.
96	-	-	I do not think it is relevant for physicians to be made aware about the fluid volume while prescribing since the nurses usually make the physicians aware if something needs to be re-evaluated. I do not believe it will add much value to inform the physicians about the fluid volume in the electronic medical record.
97	-	-	I think it could be useful for the physicians to be made aware about the fluid volume and the type of fluid which is diluted in. I often deal with patients who have developed hypernatremia due to receiving too much saline given through intravenous medicine.
98	-	I work in the endocrinology department, and we focus and account for the fluids administered intravenously. In this case there is no need to account for the fluids due to the patient being able to tolerate fluids, but generally I account for the fluids by reducing other fluids.	-
99	I work in the department of hepatogastroenterology, where we are much aware	-	I have a fluid restrictive approach, so I will not make further changes in the plan.

	about fluid input and output since we deal with patients who suffer from liver disease or who lives with a stoma.		But I would like to emphasize, that it could be very useful and helpful if the fluid volumes administered with all types of intravenous medicine is visible when prescribing.
100	I do not think about the fluid when prescribing intravenous medicine.	I have not accounted for the fluids since my patient does not suffer from heart disease and does not show clinical sign of overhydration.	I think it could be helpful if the fluid volume is visualized in the electronic medical record, because that would make one more aware while prescribing.