

Dialysis Event Surveillance Form

*Was vancomycin the antimicrobial used for this start? Yes No

*Was this a new outpatient dialysis facility start or a continuation of a course initiated outside of the dialysis facility?
 New antimicrobial start Continuation of antimicrobial

*If new antimicrobial start, was a blood sample collected for culture? Yes No

Positive blood culture

*Date of Positive blood culture: _____

(*specify organism and antimicrobial susceptibilities on pages 2-3)

* What is the suspected source of the organism or organisms identified on the positive blood culture?

Vascular access A source other than the vascular access Contamination Uncertain

*Where was this positive blood culture collected?

Dialysis clinic Hospital (on the day of or the day following admission) or E.D. Other location

Pus, redness, or increased swelling at vascular access site

*Date of pus, redness, and increased swelling: _____

*Check the access site(s) with pus, redness, or increased swelling:

Fistula Graft Tunneled Non-tunneled central line
 Catheter-Graft central line Hybrid Other vascular access device

*Specify Problem(s): (check one or more)

Fever $\geq 37.8^{\circ}\text{C}$ (100°F) oral Chills or rigors Drop in blood pressure
 Wound (NOT related to vascular access) with pus or increased redness Urinary tract infection
 Cellulitis (skin redness, heat, or pain without open wound) Pneumonia or respiratory infection
 Other problem (specify): _____ None

*Specify Outcomes:

Loss of vascular access	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Hospitalization	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Death	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS H21-8, Atlanta, GA 30333, ATTN: PRA (0920-0666). CDC 57.502 (Front) Rev 1 v14.0

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Pathogen #	Gram-positive Organisms									
_____	<i>Staphylococcus coagulase-negative</i> (specify species if available): _____		VANC S I R N	CEFOX/OX S R N						
_____	____ <i>Enterococcus faecium</i> ____ <i>Enterococcus faecalis</i> ____ <i>Enterococcus spp.</i> (Only those not identified to the species level)		DAPTO S S-DD N S N	GENTHL⁵ S R N	LNZ S I R N	VANC S I R N				
_____	<i>Staphylococcus aureus</i>		CIPRO/LEVO/MOXI S I R N	CLIND S I R N	DAPTO S N S N	DOXY/MINO S I R N	ERYTH S I R N	GENT S I R N	LNZ S R N	
			OX/CEFOX/METH S I R N	RIF S I R N	TETRA S I R N	TIG S N S N	TMZ S I R N	VANC S I R N	CEFTAR S S-DD I R	
Pathogen #	Gram-negative Organisms									
_____	<i>Acinetobacter</i> (specify species) _____		AMK S I R N	AMPSUL S I R N	AZT S I R N	CEFEP S I R N	CEFTAZ/CEFOT/CEFTRX S I R N		CIPRO/LEVO S I R N	COL/PB S I R N
			GENT S I R N	IMI S I R N	MERO/DORI S I R N	PIP/PIPTAZ S I R N	TETRA/DOXY/MINO S I R N			
			TMZ S I R N	TOBRA S I R N						
_____	<i>Escherichia coli</i>		AMK S I R N	AMP S I R N	AMPSUL/AMXCLV S I R N	AZT S I R N	CEFAZ S I R N	CEFEP S I/S-DDRN	CEFOT/CEFTRX S I R N	
			CEFTAZ S I R N	CEFUR S I R N	CEFOX/CTET S I R N	CEFTAVI S R N	CEFTOTAZ S I R N	CIPRO/LEVO/MOXI S I R N	COL/PB[†] S I R N	
			ERTA S I R N	GENT S I R N	IMI S I R N	MERO/DORI S I R N	PIPTAZ S I R N	TETRA/DOXY/MINO S I R N		
			TIG S I R N	TMZ S I R N	TOBRA S I R N	IMIREL S I R N	MERVAB S I R N			
_____	<i>Enterobacter</i> (specify species) _____		AMK S I R N	AMP S I R N	AMPSUL/AMXCLV S I R N	AZT S I R N	CEFAZ S I R N	CEFEP S I/S-DDRN	CEFOT/CEFTRX S I R N	
			CEFTAZ S I R N	CEFUR S I R N	CEFOX/CTET S I R N	CIPRO/LEVO/MOXI S I R N	COL/PB S I R N	CEFTAVI S R N		
			ERTA S I R N	GENT S I R N	IMI S I R N	MERO/DORI S I R N	PIPTAZ S I R N	TETRA/DOXY/MINO S I R N		
			TIG S I R N	TMZ S I R N	TOBRA S I R N	CEFTOTAZ S I R N	IMIREL S I R N	MERVAB S I R N		
_____	<i>Klebsiella pneumonia</i>		AMK S I R N	AMP S I R N	AMPSUL/AMXCLV S I R N	AZT S I R N	CEFAZ S I R N	CEFEP S I/S-DDRN	CEFOT/CEFTRX S I R N	

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_____	<i>Klebsiella oxytoca</i>	CEFTAZ S I R N	CEFUR S I R N	CEFOX/CTET S I R N	CIPRO/LEVO/MOXI S I R N	COL/PB* S I R N	CEFTAVI S I R N	
	_____	<i>Klebsiella aerogenes</i>	ERTA S I R N	GENT S I R N	IMI S I R N	MERO/DORI S I R N	PIPTAZ S I R N	TETRA/DOXY/MINO S I R N
		TIG S I R N	TMZ S I R N	TOBRA S I R N	CEFTOTAZ S I R N	IMIREL S I R N	MERVAB S I R N	

Pathogen #	Gram-negative Organisms																																																												
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Result Codes

S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent N = Not tested

§ GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic

† Clinical breakpoints have not been set by FDA or CLSI, Sensitive and Resistant designations should be based upon epidemiological cutoffs of Sensitive MIC ≤ 2 and Resistant MIC ≥ 4

Drug Codes:

AMK = amikacin	CEFTOTAZ = ceftolozane/tazobactam	FLUCY = flucytosine	OX = oxacillin
AMP = ampicillin	CEFTAZ = ceftazidime/avibactam	GENT = gentamicin	PB = polymyxin B
AMPSUL = ampicillin/sulbactam	CEFTRX = ceftriaxone	GENTHL = gentamicin –high level test	PIP = piperacillin
AMXCLV = amoxicillin/clavulanic acid	CEFUR = cefuroxime	IMI = imipenem	PIPTAZ = piperacillin/tazobactam
ANID = anidulafungin	CTET = cefotetan	IMIREL = imipenem/relebactam	RIF = rifampin
AZT = aztreonam	CIPRO = ciprofloxacin	ITRA = itraconazole	TETRA = tetracycline
CASPO = caspofungin	CLIND = clindamycin	LEVO = levofloxacin	TIG = tigecycline
CEFAZ = cefazolin	COL = colistin	LNZ = linezolid	TMZ = trimethoprim/sulfamethoxazole
CEFEP = cefepime	DAPTO = daptomycin	MERO = meropenem	TOBRA = tobramycin
CEFOT = cefotaxime	DORI = doripenem	MERVAB = meropenem/vaborbactam	VANC = vancomycin
CEFOX = ceftaxime	DOXY = doxycycline	METH = methicillin	VORI = voriconazole
CEFTAR = Ceftazidime	ERTA = ertapenem	MICA = micafungin	
CEFTAVI = ceftazidime/avibactam	ERYTH = erythromycin	MINO = minocycline	
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

Custom Fields

Label	Label
_____ / ____ / ____	_____ / ____ / ____
_____ / ____ / ____	_____ / ____ / ____
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Comments