



Dialysis Event

Complete this form as indicated by the Dialysis Event Protocol

Instructions for this form are available at http://www.cdc.gov/nhsn/forms/instr/57_502.pdf

*required for saving

Facility ID:	Event ID #:
*Patient ID:	Social Security #:
Secondary ID #:	Medicare #:
Patient Name, Last:	First: Middle:
*Gender: F M Other	*Date of Birth (mm/dd/yyyy): __/__/____
Ethnicity (Specify):	Race (Specify):

*Event Type: DE – Dialysis Event *Date of Event (mm/dd/yyyy): __/__/____

*Location:

*Was the patient admitted/readmitted to the dialysis facility on this dialysis event date? Yes No

*Transient Patient Yes No

Risk Factors

*Vascular accesses: (check all that apply)	*Access placement date (mm/yyyy):
<input type="checkbox"/> Fistula	____/____ <input type="checkbox"/> Unknown
<input type="checkbox"/> Buttonhole? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Graft	____/____ <input type="checkbox"/> Unknown
<input type="checkbox"/> Tunneled central line	____/____ <input type="checkbox"/> Unknown
<input type="checkbox"/> Nontunneled central line	____/____ <input type="checkbox"/> Unknown
<input type="checkbox"/> Other vascular access device, specify:	____/____ <input type="checkbox"/> Unknown
Is this a catheter-graft hybrid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vascular access comment: _____	
*Patient's dialyzer is reused? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Event Details

*Specify Dialysis Event: (check at least one)

IV antimicrobial start

Date of IV antimicrobial start (mm/dd/yyyy): __/__/____

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

*Was this a new outpatient start or a continuation of an inpatient course?

New antimicrobial start Continuation of antimicrobial

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

Positive blood culture

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

Date of positive blood culture (mm/dd/yyyy): __/__/____

*Suspected source of positive blood culture (check one):

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, or increased swelling (mm/dd/yyyy): __/__/____

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

Fistula Graft Tunneled central line Nontunneled central line Other vascular access device

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 25 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 D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

Event Details (Continued)

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

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

- *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 |

Organism #	Gram-positive Organisms							
_____	<i>Staphylococcus coagulase-negative</i>							
								VANC SIRN
	(specify species if available): _____							
_____	<i>Enterococcus faecium</i>							
_____	<i>Enterococcus faecalis</i>		DAPTO SNSN	GENTHL^s SRN	LNZ SIRN	VANC SIRN		
_____	<i>Enterococcus spp.</i>							
	(Only those not identified to the species level)							
_____	<i>Staphylococcus aureus</i>	CIPRO/LEVO/MOXI SIRN	CLIND SIRN	DAPTO SNSN	DOXY/MINO SIRN	ERYTH SIRN	GENT SIRN	LNZ SRN
		OX/CEFOX/METH SIRN	RIF SIRN	TETRA SIRN	TIG SNSN	TMZ SIRN	VANC SIRN	

Organism #	Gram-negative Organisms							
_____	<i>Acinetobacter</i> (specify species) _____	AMK SIRN	AMPSU L SIRN	AZT SIRN	CEFEP SIRN	CEFTAZ SIRN	CIPRO/LEVO SIRN	COL/PB SIRN
		GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIP/PIPTAZ SIRN			TETRA/DOXY/MINO SIRN
		TMZ SIRN	TOBRA SIRN					
_____	<i>Escherichia coli</i>	AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP S I/S-DDRN	CEFOT/CEFTRX SIRN
		CEFTAZ SIRN	CEFUR SIRN	CEFOX/CTET SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB[†] SRN		
		ERTA SIRN	GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN	
		TIG SIRN	TMZ SIRN	TOBRA SIRN				
_____	<i>Enterobacter</i> (specify species) _____	AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP S I/S-DDRN	CEFOT/CEFTRX SIRN
		CEFTAZ SIRN	CEFUR SIRN	CEFOX/CTET SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB[†] SRN		
		ERTA SIRN	GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN	
		TIG SIRN	TMZ SIRN	TOBRA SIRN				

Organism #	Gram-negative Organisms (<i>continued</i>)									
_____	_____ <i>Klebsiella pneumoniae</i>	AMK SIR N	AMP SIR N	AMPSUL/AMXCLV SIR N	AZT SIR N	CEFAZ SIR N	CEFEP S I/S-DD R N	CEFOT/CEFTRX SIR N		
_____	_____ <i>Klebsiella oxytoca</i>	CEFTAZ SIR N	CEFUR SIR N	CEFOX/CTET SIR N	CIPRO/LEVO/MOXI SIR N	COL/PB [†] S R N				
		ERTA SIR N	GENT SIR N	IMI SIR N	MERO/DORI SIR N	PIPTAZ SIR N	TETRA/DOXY/MINO SIR N			
		TIG SIR N	TMZ SIR N	TOBRA SIR N						
_____	_____ <i>Pseudomonas aeruginosa</i>	AMK SIR N	AZT SIR N	CEFEP SIR N	CEFTAZ SIR N	CIPRO/LEVO SIR N	COL/PB SIR N	GENT SIR N		
		IMI SIR N	MERO/DORI SIR N	PIP/PIPTAZ SIR N	TOBRA SIR N					
Organism #	Fungal Organisms									
_____	_____ <i>Candida</i> (specify species if available)	ANID SIR N	CASPO S NS N	FLUCO S S-DD R N	FLUCY SIR N	ITRA S S-DD R N	MICA S NS N	VORI S S-DD R N		
Organism #	Other Organisms									
_____	Organism 1 (specify)	Drug 1 SIR N	Drug 2 SIR N	Drug 3 SIR N	Drug 4 SIR N	Drug 5 SIR N	Drug 6 SIR N	Drug 7 SIR N	Drug 8 SIR N	Drug 9 SIR N
_____	Organism 1 (specify)	Drug 1 SIR N	Drug 2 SIR N	Drug 3 SIR N	Drug 4 SIR N	Drug 5 SIR N	Drug 6 SIR N	Drug 7 SIR N	Drug 8 SIR N	Drug 9 SIR N
_____	Organism 1 (specify)	Drug 1 SIR N	Drug 2 SIR N	Drug 3 SIR N	Drug 4 SIR N	Drug 5 SIR N	Drug 6 SIR N	Drug 7 SIR N	Drug 8 SIR N	Drug 9 SIR N

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



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Custom Fields

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