

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

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*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:	
Ethnicity (Specify):	Race (Specify):	

*Event Type: DE – Dialysis Event	*Date of Event:	*Location:
*Was the patient admitted/readmitted to the dialysis facility on this dialysis event date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
*Transient Patient	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

*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 *Date of Positive blood culture: _____

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

*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, and increased swelling: _____

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

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

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

<input type="checkbox"/> Fever ≥37.8°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"/> Cellulitis (skin redness, heat, or pain without open wound)	<input type="checkbox"/> Pneumonia or respiratory infection	
<input type="checkbox"/> Other problem (specify): _____	<input type="checkbox"/> 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 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).

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Pathogen #	Gram-positive Organisms							
_____	<i>Staphylococcus</i> coagulase-negative (specify species if available):		VANC S I R N		CEFOX/OX S R N			
_____	_____ <i>Enterococcus faecium</i>							
_____	_____ <i>Enterococcus faecalis</i>		DAPTO S S-DD N S N		GENTHL[§] S R N	LNZ S I R N	VANC S I R N	
_____	_____ <i>Enterococcus</i> spp. (Only those not identified to the species level)							
_____	<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-DD R N	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-DD R N	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-DD R N	CEFOT/CEFTRX S I R N
	_____ <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 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	
	_____ <i>Klebsiella aerogenes</i>	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 (<i>continued</i>)									
_____	<i>Pseudomonas aeruginosa</i>	AMK S I R N	AZT S I R N	CEFEP S I R N	CEFTAZ 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	CEFTAVI S I R N	TOBRA S I R N	CEFTOTAZ S I R N			
Pathogen #	Fungal Organisms									
_____	<i>Candida</i> (specify species if available)	ANID S I R N	CASPO S N S N	FLUCO S S-DD R N	FLUCY S I R N	ITRA S S-DD R N	MICA S N S N	VORI S S-DD R N		
Pathogen #	Other Organisms									
_____	Organism 1 (specify)	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N
_____	Organism 1 (specify)	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N
_____	Organism 1 (specify)	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R 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	CEFTOTAZ = ceftolozane/tazobactam	FLUCY = flucytosine	OX = oxacillin
AMP = ampicillin	CEFTRX = ceftriaxone	GENT = gentamicin	PB = polymyxin B
AMPSUL = ampicillin/sulbactam	CEFUR= cefuroxime	GENTHL = gentamicin –high level test	PIP = piperacillin
AMXCLV = amoxicillin/clavulanic acid	CTET= cefotetan	IMI = imipenem	PIPTAZ = piperacillin/tazobactam
ANID = anidulafungin	CIPRO = ciprofloxacin	IMIREL= imipenem/relebactam	RIF = rifampin
AZT = aztreonam	CLIND = clindamycin	ITRA = itraconazole	TETRA = tetracycline
CASPO = caspofungin	COL = colistin	LEVO = levofloxacin	TIG = tigecycline
CEFAZ= cefazolin	DAPTO = daptomycin	LNZ = linezolid	TMZ = trimethoprim/sulfamethoxazole
CEFEP = cefepime	DORI = doripenem	MERO = meropenem	TOBRA = tobramycin
CEFOT = cefotaxime	DOXY = doxycycline	MERVAB= meropenem/vaborbactam	
CEFOX= cefoxitin	ERTA = ertapenem	METH = methicillin	VANC = vancomycin
CEFTAR = Ceftaroline	ERYTH = erythromycin	MICA = micafungin	VORI = voriconazole
CEFTAVI = ceftazidime/avibactam	FLUCO = fluconazole	MINO = minocycline	
CEFTAZ = ceftazidime		MOXI = moxifloxacin	

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Custom Fields

Label				Label			
_____		/	/	_____		/	/
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____

Comments