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NATIONAL HEALTHCARE
SAFETY NETWORK

Form Approved
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www.cdc.gov/nhsn

Dialysis Event Surveillance Form

*required for saving

Patient Information

Facility ID:	Event ID #:
*Patient ID:	Social Security #:
Secondary ID #:	Medicare #:
Patient Name, Last:	First: Middle:
*Sex: F-Female M-Male	*Date of Birth:

Race (Select all that apply):
American Indian or Alaska Native
Asian
Black or African American
Middle Eastern or North African
Native Hawaiian or Pacific Islander
White
Unknown
Declined to respond

Ethnicity:
Hispanic or Latino
Not Hispanic or Latino
Unknown
Declined to respond

Event Information

*Event Type: DE – Dialysis Event   *Date of Event: *Location:
*Was the patient admitted/readmitted to the dialysis facility on this dialysis event date? ☐ Yes ☐ No
*Transient Patient   ☐ Yes   ☐ No

Risk Factors

*All Vascular Access Types Present: (check all that apply)

Access placement date (mm/yyyy):

☐ Fistula   _____ /_____   ☐ Unknown
  Buttonhole?   ☐ Yes ☐ No
☐ Graft   _____ /_____   ☐ Unknown
☐ Tunneled central line   _____ /_____   ☐ Unknown
☐ Non-tunneled central line   _____ /_____   ☐ Unknown
☐ Other vascular access device   _____ /_____   ☐ Unknown

  Is this a catheter-graft hybrid? ☐ Yes ☐ No

Vascular access comment: _____

*Access **used for dialysis at the time of the event**: (if more than one access was used for the dialysis treatment, please **indicate the access with the higher risk of infection**)

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

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 dialysis facility start or a continuation of a course initiated outside of the dialysis facility?

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☐ 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 central line   ☐ Non-tunneled central line

☐ Catheter-Graft Hybrid

☐ Other vascular access device

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

☐ Fever ≥ 37.8°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	☐ Yes	☐ No	☐ Unknown
	Hospitalization	☐ Yes	☐ No	☐ Unknown
	Death	☐ Yes	☐ No	☐ Unknown

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Pathogen #	Gram-positive Organisms						
_____	_Staphylococcus_ coagulase-negative (specify species if available): _____	**VANC** S I R N	**CEFOX/OX** S R N				
_____	____ _Enterococcus faecium_ ____ _Enterococcus faecalis_ ____ _Enterococcus_ spp. (Only those not identified to the species level)	**DAPTO** S S-DD NS N	**GENTHL§** S R N	**LNZ** S I R N	**VANC** S I R N		
_____	_Staphylococcus aureus_	**CIPRO/LEVO/MOXI** S I R N	**CLIND** S I R N	**DAPTO** S NS 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 NS N	**TMZ** S I R N	**VANC** S I R N	**CEFTAR** S S-DD I R

Pathogen #	Gram-negative Organisms

Acinetobacter (specify species) _____

AMK	AMPSUL	AZT	CEFEP	CEFTAZ/CEFOT/CEFTRX		CIPRO/LEVO	COL/PB
S I R N	S I R N	S I R N	S I R N	S I R N		S I R N	S I R N

GENT	IMI	MERO/DORI	PIP/PIPTAZ	TETRA/DOXY/MINO
S I R N	S I R N	S I R N	S I R N	S I R N

TMZ	TOBRA
S I R N	S I R N

Escherichia coli

AMK	AMP	AMPSUL/AMXCLV	AZT	CEFAZ	CEFEP	CEFOT/CEFTRX
S I R N	S I R N	S I R N	S I R N	S I R N	S I/S-DD R N	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		

Enterobacter (specify species) _____

AMK	AMP	AMPSUL/AMXCLV	AZT	CEFAZ	CEFEP	CEFOT/CEFTRX
S I R N	S I R N	S I R N	S I R N	S I R N	S I/S-DD R N	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	

____ _Klebsiella pneumonia_

AMK	AMP	AMPSUL/AMXCLV	AZT	CEFAZ	CEFEP	CEFOT/CEFTRX
S I R N	S I R N	S I R N	S I R N	S I R N	S I/S-DD R N	S I R N

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_____ *Klebsiella oxytoca*	**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	
___ *Klebsiella aerogenes*	**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								
_____	*Pseudomonas aeruginosa*	**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/PIPT AZ** S I R N	**CEFTAVI** S R N		**TOBRA** S I R N	**CEFTOTAZ** **S I R N**
Pathogen #	**Fungal Organisms**								
_____	*Candida (specify species if available)* _____	**ANID** S I R N	**CASPO** S NS N	**FLUCO** S S-DD R N		**FLUCY** S I R N	**ITRA** S S-DD R N	**MICA** S NS N	**VORI** S S-DD R N

Pathogen #	Other Organisms								
_____	Organism 1 (specify) _____	_____D rug 1 S I R N	_____ Drug 2 S I R N	_____ Drug 3 S I R N	_____ Drug 4 S I R N	_____D rug 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) _____	_____D rug 1 S I R N	_____ Drug 2 S I R N	_____ Drug 3 S I R N	_____ Drug 4 S I R N	_____D rug 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) _____	_____D rug 1 S I R N	_____ Drug 2 S I R N	_____ Drug 3 S I R N	_____ Drug 4 S I R N	_____D rug 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

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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	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	
CEFOT = cefotaxime	DORI = doripenem	MERVAB= meropenem/vaborbactam	TOBRA = tobramycin
CEFOX= cefoxitin	DOXY = doxycycline	METH = methicillin	
CEFTAR = Ceftaroline	ERTA = ertapenem	MICA = micafungin	VANC = vancomycin
CEFTAVI = ceftazidime/avibactam	ERYTH = erythromycin	MINO = minocycline	VORI = voriconazole
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

Custom Fields

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

Comments