



Dialysis Event

OMB No. 0920-0666
Exp. Date: xx-xx-20xx

Complete one form for each hospitalization, in-unit IV antimicrobial start, or patient with a positive blood culture

Facility ID #: _____		Event #: _____	
Patient ID #: _____		Social Security #: _____ - _____ - _____	
Secondary ID #: _____			
Patient Name, Last: _____		First: _____	Middle: _____
Gender: <input type="checkbox"/> F <input type="checkbox"/> M		Date of Birth: ____/____/____	
Ethnicity: (Specify) _____		Race: (Specify) _____	

Event Type: <u>DE</u>		Date of Event: ____/____/____	
Location: _____		MDRO Infection: <input type="checkbox"/> Y <input type="checkbox"/> N	

Risk Factors	
Vascular accesses: (check all that apply) <input type="checkbox"/> Graft <input type="checkbox"/> Fistula <input type="checkbox"/> Temporary central line <input type="checkbox"/> Permanent central line <input type="checkbox"/> Port access device Date of access: __/__/__ Date of access: __/__/__ Date of access: __/__/__ Date of access: __/__/__ Date of access: __/__/__ <input type="checkbox"/> Don't know	

Event Details	
<input type="checkbox"/> DE Specify Event: (check one or more) <input type="checkbox"/> Hospitalization <input type="checkbox"/> In-unit IV antimicrobial start. Was IV vancomycin started? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Patient with a positive blood culture Suspected source of positive blood culture (check one): <input type="checkbox"/> Vascular access <input type="checkbox"/> A source other than the vascular access <input type="checkbox"/> Contamination <input type="checkbox"/> Uncertain Pathogens Identified: <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, specify on reverse →	
Problem(s): (check one or more) <input type="checkbox"/> Pus, redness, or increased swelling at vascular access site If applicable, circle the access with pus, redness, or increased swelling: 1 = graft 2 = fistula 3 = temporary central line 4 = permanent central line 5 = port access device <input type="checkbox"/> Vascular access problem <u>without</u> infection <input type="checkbox"/> clotting <input type="checkbox"/> bleeding <input type="checkbox"/> other <input type="checkbox"/> Fever (>= 100°F oral or >= 101°F rectal) <input type="checkbox"/> Wound (NOT related to vascular access) with pus or increased redness <input type="checkbox"/> Cellulitis (skin redness, heat, or pain without open wound) <input type="checkbox"/> Other (specify) _____	

Custom Fields	
Label _____ ____/____/____ _____ _____ _____ _____	Label _____ _____ _____ _____ _____

Assurance of Confidentiality: The 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 10 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, Project Clearance Officer, 1600 Clifton Road, NE, Atlanta, GA 30333, ATTN: PRA (0920-0666).

Pathogen #	Gram-positive Organisms										
_____	Coagulase-negative staphylococci (specify)	VANC									
		S I R N									
_____	<i>Enterococcus faecalis</i>	AMP	DAPTO	LNZ	PENG	VANC					
		S I R N	S I R N	S I R N	S I R N	S I R N					
_____	<i>Enterococcus faecium</i>	AMP	DAPTO	LNZ	PENG	QUIDAL	VANC				
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N				
_____	<i>Staphylococcus aureus</i>	CLIND	DAPTO	ERYTH	GENT	LNZ	OX	QUIDAL	RIF	TMZ	VANC
		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	S I R N	S I R N	S I R N

Pathogen #	Gram-negative Organisms										
_____	<i>Acinetobacter spp.</i> (specify)	AMK	AMPSUL	CEFEP	CEFTAZ	CIPRO	IMI	LEVO	MERO	PIPTAZ	
		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	S I R N	S I R N	S I R N
_____	<i>Escherichia coli</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO	
		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	S I R N	S I R N	S I R N
_____	<i>Enterobacter spp.</i> (specify)	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO	
		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	S I R N	S I R N	S I R N
_____	<i>Klebsiella oxytoca</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO	
		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	S I R N	S I R N	S I R N
_____	<i>Klebsiella pneumoniae</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO	
		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	S I R N	S I R N	S I R N
_____	<i>Serratia marcescens</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO	
		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	S I R N	S I R N	S I R N
_____	<i>Pseudomonas aeruginosa</i>	AMK	CEFEP		CEFTAZ	CIPRO	IMI	LEVO	MERO	PIP	
		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	S I R N	S I R N
_____	<i>Stenotrophomonas maltophilia</i>	TMZ									
		S I R N									

Pathogen #	Other Organisms									
_____	Organism 1 (specify)	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
		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	S I R N	S I R N
_____	Organism 2 (specify)	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
		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	S I R N	S I R N
_____	Organism 3 (specify)	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
		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	S I R N	S I R N

AMK = amikacin
 AMP = ampicillin
 AMPSUL = ampicillin/sulbactam
 CEFEP = cefepime
 CEFOT = cefotaxime

CEFTAZ = ceftazidime
 CEFTRX = ceftriaxone
 CIPRO = ciprofloxacin
 CLIND = clindamycin
 DAPTO = daptomycin

ERYTH = erythromycin
 GENT = gentamicin
 IMI = imipenem
 LEVO = levofloxacin
 LNZ = linezolid
 MERO = meropenem
 OX = oxacillin

PENG = penicillin G
 PIP = piperacillin
 PIPTAZ = piperacillin / tazobactam
 QUIDAL = quinupristin / dalbopristin
 RIF = rifampin
 TMZ = trimethoprim / sulfamethoxazole
 VANC = vancomycin

Result codes:
 S = susceptible I = intermediate
 R = resistant N = not tested