OMB No. 0920-0666
Exp. Date: xx/xx/20xx
www.cdc.gov/nhsn

![NHSN National Healthcare Safety Network logo]

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_109.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:
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?   ☐ Yes   ☐ No

Risk Factors

*Vascular accesses: (check all that apply)   *Access placement date (mm/yyyy):

☐ Fistula

    Buttonhole?   ☐ Yes   ☐ No   _____ /_____   ☐ Unknown

☐ Graft   _____ /_____   ☐ Unknown

☐ Tunneled central line   _____ /_____   ☐ Unknown

☐ Nontunneled central line   _____ /_____   ☐ Unknown

☐ Other access device   _____ /_____   ☐ Unknown

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

Vascular access comment:

Other Patient Information

*Transient Patient   ☐ Yes   ☐ No

Event Details

*Specify Dialysis Event: (check at least one)

☐ **IV antimicrobial start**

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

☐ **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

☐ **Pus, redness, or increased swelling at vascular access site**

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

    ☐ Fistula   ☐ Graft   ☐ Tunneled central line   ☐ Nontunneled central line   ☐ Other 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

☐ Cellulitis (skin redness, heat, or pain without open wound)

☐ Pneumonia or respiratory infection

☐ Other problem (specify): _____

☐ None

*Specify Outcomes: Hospitalization   ☐ Yes   ☐ No   ☐ Unknown

                       Death   ☐ Yes   ☐ No   ☐ Unknown

OMB No. 0920-0666
Exp. Date: xx/xx/20xx
www.cdc.gov/nhsn

![NHSN National Healthcare Safety Network logo]

Dialysis Event

Pathogen #	Gram-positive Organisms							
_____	*Staphylococcus* coagulase-negative (specify): _____	**VANC** S I R N						
_____	*Enterococcus* spp.(specify): _____	**AMP** S I R N	**CIPRO/LEVO/MOXI** S I R N	**DAPTO** S NS N	**DOXY/MINO** S I R N	**GENTHL**[§] S R N	**LNZ** S I R N	
		STREPHL[§] S R N	**TETRA** S I R N	**TIG** S NS N	**VANC** S I R N			
_____	*Enterococcus faecium*	**AMP** S I R N	**CIPRO/LEVO/MOXI** S I R N	**DAPTO** S NS N	**DOXY/MINO** S I R N	**GENTHL**[§] S R N	**LNZ** S I R N	
		QUIDAL S I R N	**STREPHL**[§] S R N	**TETRA** S I R N	**TIG** S NS N	**VANC** S I R N		
_____	*Staphylococcus aureus*	**CHLOR** S I R N	**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	**QUIDAL** 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

Pathogen #	Gram-negative Organisms							
_____	*Acinetobacter* spp. (specify): _____	**AMK** S I R N	**AMPSUL** 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		**TETRA/DOXY/MINO** S I R N
		TMZ S I R N	**TOBRA** S I R N					
_____	*Escherichia coli*	**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 R N	**CEFOT/CEFTRX** S I R N
		CEFTAZ S I R N	**CEFUR** S I R N	**CEFOX/CETET** S I R N	**CHLOR** 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				
_____	*Enterobacter* spp. (specify): _____	**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 R N	**CEFOT/CEFTRX** S I R N
		CEFTAZ S I R N	**CEFUR** S I R N	**CEFOX/CETET** S I R N	**CHLOR** 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				
_____	*Klebsiella* spp. (specify): _____	**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 R N	**CEFOT/CEFTRX** S I R N
		CEFTAZ S I R N	**CEFUR** S I R N	**CEFOX/CETET** S I R N	**CHLOR** 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				

Dialysis Event

OMB No. 0920-0666
Exp. Date: xx/xx/20xx
www.cdc.gov/nhsn

NHSN National Healthcare Safety Network

Pathogen #	Gram-negative Organisms (*continued*)							
_____	*Serratia marcescens*	**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 R N	**CEFOT/CEFTRX** S I R N
		CEFTAZ S I R N	**CEFUR** S I R N	**CEFOX/CETET** S I R N	**CHLOR** 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				
_____	*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/PIPTAZ** S I R N	**TOBRA** S I R N			
_____	*Stenotrophomonas maltophilia*	**LEVO** S I R N	**TETRA/MINO** S I R N	**TICLAV** S I R N	**TMZ** S I R N			

Pathogen #	Fungal Organisms							
_____	*Candida* spp. (specify): _____	**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) _____	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 and STREPHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic**

Drug Codes:

AMK = amikacin

AMP = ampicillin

AMPSUL = ampicillin/sulbactam

AMXCLV = amoxicillin/clavulanic acid

ANID = anidulafungin

AZT = aztreonam

CASPO = caspofungin

CEFAZ= cefazolin

CEFEP = cefepime

CEFOT = cefotaxime

CEFOX= cefoxitin

CEFTAZ = ceftazidime

CEFTRX = ceftriaxone

CEFUR= cefuroxime

CETET= cefotetan

CHLOR= chloramphenicol

CIPRO = ciprofloxacin

CLIND = clindamycin

COL = colistin

DAPTO = daptomycin

DORI = doripenem

DOXY = doxycycline

ERTA = ertapenem

ERYTH = erythromycin

FLUCO = fluconazole

FLUCY = flucytosine

GENT = gentamicin

GENTHL = gentamicin –high level test

IMI = imipenem

ITRA = itraconazole

LEVO = levofloxacin

LNZ = linezolid

MERO = meropenem

METH = methicillin

MICA = micafungin

MINO = minocycline

MOXI = moxifloxacin

OX = oxacillin

PB = polymyxin B

PIP = piperacillin

PIPTAZ = piperacillin/tazobactam

QUIDAL = quinupristin/dalfopristin

RIF = rifampin

STREPHL = streptomycin – high level test

TETRA = tetracycline

TICLAV = ticarcillin/clavulanic acid

TIG = tigecycline

TMZ = trimethoprim/sulfamethoxazole

TOBRA = tobramycin

VANC = vancomycin

VORI = voriconazole

Dialysis Event

OMB No. 0920-0666
Exp. Date: xx/xx/20xx
www.cdc.gov/nhsn

Custom Fields

Label

_____   _____/_____/_____
_____   _____
_____   _____
_____   _____
_____   _____
_____   _____
_____   _____

Label

_____   _____/_____/_____
_____   _____
_____   _____
_____   _____
_____   _____
_____   _____
_____   _____

Comments