



# 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](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):
<input type="checkbox"/> Fistula	____ / ____ <input type="checkbox"/> Unknown
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 access device specify:	____ / ____ <input type="checkbox"/> Unknown
Is this a catheter-graft hybrid? <input type="checkbox"/> Yes <input type="checkbox"/> 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       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 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 13 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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# Dialysis Event

Pathogen #	Gram-positive Organisms							
_____	<i>Staphylococcus</i> coagulase-negative (specify species if available):		<b>VANC</b> SIRN					
_____	____ <i>Enterococcus faecium</i>		<b>DAPTO</b> SNSN	<b>GENTHL<sup>s</sup></b> SRN	<b>LNZ</b> SIRN	<b>VANC</b> SIRN		
_____	____ <i>Enterococcus faecalis</i>							
_____	____ <i>Enterococcus</i> spp. (Only those not identified to the species level)							
_____	<i>Staphylococcus aureus</i>	<b>CIPRO/LEVO/MOXI</b> SIRN	<b>CLIND</b> SIRN	<b>DAPTO</b> SNSN	<b>DOXY/MINO</b> SIRN	<b>ERYTH</b> SIRN	<b>GENT</b> SIRN	<b>LNZ</b> SRN
		<b>OX/CEFOX/METH</b> SIRN	<b>RIF</b> SIRN	<b>TETRA</b> SIRN	<b>TIG</b> SNSN	<b>TMZ</b> SIRN	<b>VANC</b> SIRN	
Pathogen #	Gram-negative Organisms							
_____	<i>Acinetobacter</i> (specify species)	<b>AMK</b> SIRN	<b>AMPSUL</b> SIRN	<b>AZT</b> SIRN	<b>CEFEP</b> SIRN	<b>CEFTAZ</b> SIRN	<b>CIPRO/LEVO</b> SIRN	<b>COL/PB</b> SIRN
_____		<b>GENT</b> SIRN	<b>IMI</b> SIRN	<b>MERO/DORI</b> SIRN		<b>PIP/PIPTAZ</b> SIRN	<b>TETRA/DOXY/MINO</b> SIRN	
		<b>TMZ</b> SIRN	<b>TOBRA</b> SIRN					
_____	<i>Escherichia coli</i>	<b>AMK</b> SIRN	<b>AMP</b> SIRN	<b>AMPSUL/AMXCLV</b> SIRN	<b>AZT</b> SIRN	<b>CEFAZ</b> SIRN	<b>CEFEP</b> SIRN	<b>CEFOT/CEFTRX</b> SIRN
		<b>CEFTAZ</b> SIRN	<b>CEFUR</b> SIRN	<b>CEFOX/CETET</b> SIRN	<b>CIPRO/LEVO/MOXI</b> SIRN		<b>COL/PB<sup>†</sup></b> SRN	
		<b>ERTA</b> SIRN	<b>GENT</b> SIRN	<b>IMI</b> SIRN	<b>MERO/DORI</b> SIRN	<b>PIPTAZ</b> SIRN	<b>TETRA/DOXY/MINO</b> SIRN	
		<b>TIG</b> SIRN	<b>TMZ</b> SIRN	<b>TOBRA</b> SIRN				
_____	<i>Enterobacter</i> (specify species)	<b>AMK</b> SIRN	<b>AMP</b> SIRN	<b>AMPSUL/AMXCLV</b> SIRN	<b>AZT</b> SIRN	<b>CEFAZ</b> SIRN	<b>CEFEP</b> SIRN	<b>CEFOT/CEFTRX</b> SIRN
_____		<b>CEFTAZ</b> SIRN	<b>CEFUR</b> SIRN	<b>CEFOX/CETET</b> SIRN	<b>CIPRO/LEVO/MOXI</b> SIRN		<b>COL/PB<sup>†</sup></b> SRN	
		<b>ERTA</b> SIRN	<b>GENT</b> SIRN	<b>IMI</b> SIRN	<b>MERO/DORI</b> SIRN	<b>PIPTAZ</b> SIRN	<b>TETRA/DOXY/MINO</b> SIRN	
		<b>TIG</b> SIRN	<b>TMZ</b> SIRN	<b>TOBRA</b> SIRN				
_____	____ <i>Klebsiella pneumonia</i>	<b>AMK</b> SIRN	<b>AMP</b> SIRN	<b>AMPSUL/AMXCLV</b> SIRN	<b>AZT</b> SIRN	<b>CEFAZ</b> SIRN	<b>CEFEP</b> SIRN	<b>CEFOT/CEFTRX</b> SIRN
_____	____ <i>Klebsiella oxytoca</i>	<b>CEFTAZ</b> SIRN	<b>CEFUR</b> SIRN	<b>CEFOX/CETET</b> SIRN	<b>CIPRO/LEVO/MOXI</b> SIRN		<b>COL/PB<sup>†</sup></b> SRN	
		<b>ERTA</b> SIRN	<b>GENT</b> SIRN	<b>IMI</b> SIRN	<b>MERO/DORI</b> SIRN	<b>PIPTAZ</b> SIRN	<b>TETRA/DOXY/MINO</b> SIRN	
		<b>TIG</b> SIRN	<b>TMZ</b> SIRN	<b>TOBRA</b> SIRN				

# Dialysis Event

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	TOBRA 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

<sup>s</sup> GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic

<sup>†</sup> 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	CETET= 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	

# Dialysis Event

## Custom Fields

Label		Label	
_____	___/___/___	_____	___/___/___
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Comments