

## Chart Abstraction Form

Patient Medical Record Number: \_\_\_\_\_

Patient Name : \_\_\_\_\_

Unique CDC Patient ID: \_\_\_\_\_

1. Unique CDC Patient ID: \_\_\_\_\_
- a. Session Number : \_\_\_\_\_
- b.  Case  Control
2. Chart abstractor:  WCE  DN  ??  ??  ??  Other: \_\_\_\_\_
3. Reviewed:  Outpatient record  Micro Results  Reprocessing records

### Demographics (779)

4. Age: \_\_\_\_\_
5. Sex:  M  F
6. Ethnicity:  Hispanic or Latino  
 Non-Hispanic  
 Unknown
7. Race (Select all that apply):  
 American Indian/Alaska Native  
 Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Unknown

### General Dialysis History

8. Cause of ESRD (797):  Diabetes  Hypertension  
 Glomerulonephritis  Cystic Kidney Disease  
 Urologic Disease  
 Other1 (describe): \_\_\_\_\_  
 Other2 (describe): \_\_\_\_\_

Unknown cause

Not documented

### Medical History & Problem List

9. Comorbid Conditions (7914):

- Diabetes, DM     Hypertension, HTN     HIV / AIDS  
 Coronary artery disease, CAD, CABG     Hepatitis C, HCV  
 Peripheral vascular disease, PVD or PAD     Anemia  
 Cerebrovascular disease, TIA, stroke     Malnutrition, wasting  
 Cirrhosis, End-stage liver disease

10. Access type (and location if catheter) (7478):

Fistula     Graft

Catheter

Location: (IJ, femoral, subclavian) \_\_\_\_\_

If catheter:  cuffed     uncuffed

Other (specify) \_\_\_\_\_

Date of access insertion: \_\_\_\_\_

11. Dialysis schedule (68):     M/W/F     Tu/Th/S

12. Usual shift (68): \_\_\_\_\_

### **DIALYSIS SESSION JUST PRIOR TO POSTIVE BLOOD CULTURE DRAWN (CASES) OR SELECTED SESSION (CONTROLS)**

13. Date of session: \_\_\_\_\_

14. Shift of day (68): \_\_\_\_\_

15. Any symptoms pre-dialysis? (84748):  Y     N

a. If yes, list: \_\_\_\_\_

16. Start time of dialysis (68): \_\_\_\_\_

17. End time of dialysis (68): \_\_\_\_\_

18. Dialyzer type/Brand (74754) \_\_\_\_\_

19. Header?  Y  N

20. Acid Bath (74777): \_\_\_\_\_

21. Was dialyzer preprocessed?  Y  N

a. Explain: \_\_\_\_\_

22. Was dialyzer reprocessed (74754)?  Y  N

a. If Yes, last use number: \_\_\_\_\_ today's use: \_\_\_\_\_

b. Reprocessing date / time: \_\_\_\_\_

c. Person who reprocessed: \_\_\_\_\_

d. Renatron machine number: \_\_\_\_\_

e. Date / time of last use of that dialyzer: \_\_\_\_\_

f. Storage/Refrigeration Time: \_\_\_\_\_

g. On-site reprocessing?  Y  N

a. If NO, list the location: \_\_\_\_\_

b. If NO, when was it shipped out: \_\_\_\_\_

23. Is there documentation of the presence of germicide check (74754)?

Y  N  N/A

24. Dialysis machine brand name (74759): \_\_\_\_\_

25. Dialysis machine number (74756): \_\_\_\_\_

26. Dialysis station (68): \_\_\_\_\_

27. Unit (68): \_\_\_\_\_

28. Parenteral Medications/infusates given during dialysis (name/dose/time) (74741):

- |  |                 |
|--|-----------------|
| <input type="checkbox"/> Epogen: Dose _____              | Given by: _____ |
| <input type="checkbox"/> Aranesp: Dose _____             | Given by: _____ |
| <input type="checkbox"/> Zemplar: Dose _____             | Given by: _____ |
| <input type="checkbox"/> Ferrlecit: Dose _____           | Given by: _____ |
| <input type="checkbox"/> Herprin: Dose _____             | Given by: _____ |
| <input type="checkbox"/> Saline Flush : Quantity _____   | Given by: _____ |
| <input type="checkbox"/> Calcium: Dose _____             | Given by: _____ |
| <input type="checkbox"/> Other (list): Dose & Time _____ | Given by: _____ |
| <input type="checkbox"/> Other (list): Dose & Time _____ | Given by: _____ |

29. Describe post-dialysis access care? (Dressing type or ointment used, etc.)

- a. New dressing applied:  Y  N  Unknown
- b. If yes, dressing type: \_\_\_\_\_
- c. Antimicrobial ointment applied to exit site:  Y  N  Unknown
- d. If yes, describe: \_\_\_\_\_
- e. Any notable/unusual events that occurred during the dialysis session?  
 Y  N  Unknown
- If yes, describe: \_\_\_\_\_

30. Symptoms (84749):

- Fever, Tmax: \_\_\_\_\_  Chills  Low blood pressure
- Lethargy
- Other: \_\_\_\_\_

31. Did symptom onset occur during dialysis (8478)?  Y  N

- a. If Yes, Was dialysis discontinued prematurely/SHTX?  Y  N



**For cases:**

1. Date symptom onset: \_\_\_\_\_
2. Time of symptom onset (in relation to dialysis session): \_\_\_\_\_
3. Culture date: \_\_\_\_\_
  - a. Number of sets: \_\_\_\_\_
  - b. Drawn from:  Dialysis tubing     Catheter     Peripheral stick
  - c. Culture results:  
 *B. cepacia*         *P. aeruginosa*     *R. pickettii*  
 *S. maltophilia*  
 Other organism (list): \_\_\_\_\_
4. Treatment: \_\_\_\_\_
5. Antibiotics start date and time: \_\_\_\_\_
6. Were antibiotics given before cultures drawn?  Y     N
7. ER transport:  EMS     Private vehicle     N/A
8. Admitted?  Y     N
  - a. If yes, admission date: \_\_\_\_\_
  - b. Discharge date: \_\_\_\_\_
  - c. Name of hospital: \_\_\_\_\_
  - d. If yes ICU?  Y     N
9. Developed sepsis / cardiovascular collapse requiring pressors:  Y     N
10. Deceased:  Y

a. If deceased, date of death: \_\_\_\_\_

11. Other outcomes:

Catheter infected/removed       graft infected/removed

Others: \_\_\_\_\_

12. Other sequelae describe: \_\_\_\_\_