

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 N

a. If deceased, date of death: _____

11. Other outcomes:

Catheter infected/removed graft infected/removed

Others: _____

12. Other sequelae describe: _____