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

Denominators for Dialysis Event Surveillance

Census Form – completed once per month

Complete this form as indicated by the Dialysis Event Protocol:
http://www.cdc.gov/nhsn/PDFs/pscManual/8pscDialysisEventcurrent.pdf
Instructions for this form are available at: http://www.cdc.gov/nhsn/forms/instr/57_503.pdf

*required for saving

Reporting to "Outpatient Hemodialysis Clinic" Location:
Record the number of outpatients who received hemodialysis at your center on the first two working days of the month, including transient patients. A patient must be physically present for hemodialysis on one of these days to be counted on this form (e.g., exclude patients who are hospitalized). Record each patient **only once**. If a patient has more than one vascular access, record the access type with highest risk for infection (per the protocol), even if that access is not used for dialysis or is abandoned.

Facility ID #:

*Location Code: *Month: *Year:

***Vascular Access Type**	***Number of Hemodialysis Outpatients**
Fistula	
Graft	
Tunneled central line	
Nontunneled central line	
Other vascular access device (e.g., catheter-graft hybrid, port)	
***Total patients** (sum of all patients listed above)	

Number of these Fistula Patients who undergo Buttonhole Cannulation	
Number of these patients for whom dialyzers are reused	

Custom Fields:

Label _____ _____ _____ _____ _____

Data _____ _____ _____ _____ _____

Comments:

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 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, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).