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\_502.pdf | | | | | | | | | | | | | | | | | | | | Page 1 of 4 | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*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 | | | | | | | | | | | | | | | | | | | | | |
| \*Transient Patient | | | | | **□** Yes | | **□** No | | | | | | | | | | | | | | |
| **Risk Factors** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| \*Vascular accesses: (check all that apply) | | | | | | | | | | | \*Access placement date (mm/yyyy): | | | | | | | | | | |
| **□** Fistula | | | | | | | | | | | \_\_\_\_\_ /\_\_\_\_\_\_\_\_\_ | | | | | | **□** Unknown | | | | |
| Buttonhole? | | | | | **□** Yes | | **□** No | | | |  | | | | | | | | | | |
| **□** Graft | | | | | | | | | | | \_\_\_\_\_ /\_\_\_\_\_\_\_\_\_ | | | | | | **□** Unknown | | | | |
| **□** Tunneled central line | | | | | | | | | | | \_\_\_\_\_ /\_\_\_\_\_\_\_\_\_ | | | | | | **□** Unknown | | | | |
| **□** Nontunneled central line | | | | | | | | | | | \_\_\_\_\_ /\_\_\_\_\_\_\_\_\_ | | | | | | **□** Unknown | | | | |
| **□** Other vascular access device, specify: | | | | | | | | | | | \_\_\_\_\_ /\_\_\_\_\_\_\_\_\_ | | | | | | **□** Unknown | | | | |
| Is this a catheter-graft hybrid? | | | | | | **□** Yes **□** No | | | | | | | | | | |  | | | | |
| Vascular access comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
| \*Patient’s dialyzer is reused? | | | **□** Yes | | | | **□** No | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Event Details** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| \*Specify Dialysis Event: (check at least one) | | | | | | | | | | | | | | | | | | | | | |
| **□** **IV antimicrobial start** | | | | | | | | | | | | | | | | | | | | | |
| \*Was vancomycin the antimicrobial used for this start? **□** Yes **□** No | | | | | | | | | | | | | | | | | | | | | |
| \*Was this a new outpatient start or a continuation of an inpatient course? | | | | | | | | | | | | | | | | | | | | | |
| **□** New antimicrobial start | | | | | | | **□** Continuation of antimicrobial | | | | | | | | | | | | | | |
| \*If new antimicrobial start, was a blood sample collected for culture? **□** 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 | | |
| \*Where was this positive blood culture collected? | | | | | | | | | | | | | | | | | | | | | |
| **□** Dialysis clinic | | | | **□** Hospital *(on the day of or the day following admission)* or E.D. | | | | | | | | | | | | | | **□** Other location | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **□** **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 vascular 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 | | | | | | | **□** Yes | | | **□** No | **□** Unknown | | | | | | | | |
|  | | Hospitalization | | | | | | | **□** Yes | | | **□** No | **□** Unknown | | | | | | | | |
|  | | Death | | | | | | | **□** Yes | | | **□** No | **□** 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 25 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).  CDC 57.502 (Front) Rev 10, v8.6 | | | | | | | | | | | | | | | | | | | | | |

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| Pathogen # | **Gram-positive Organisms** | | | | | | | | | | | |
| \_\_\_\_\_\_\_ | *Staphylococcus* coagulase-negative | | | **VANC**  S I R N | | | | | | | | |
| (specify species if available):  \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| \_\_\_\_\_\_\_ | *\_\_\_\_Enterococcus faecium*  *\_\_\_\_Enterococcus faecalis*    *\_\_\_\_Enterococcus* spp.  (Only those not identified to the species level) | | | **DAPTO**  S NS N | **GENTHL§**  S R N | | **LNZ**  S I R N | | **VANC**  S I R N | |  | |
| \_\_\_\_\_\_\_ | *Staphylococcus aureus* | **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 | | **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*  (specify species)  \_\_\_\_\_\_\_\_\_\_\_\_ | **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/S-DD R N | | **CEFOT/CEFTRX**  S I R N |
| **CEFTAZ**  S I R N | **CEFUR**  S I R N | **CEFOX/CTET**  S I R N | | **CIPRO/LEVO/MOXI**  S I R N | | | | **COL/PB†**  S 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*  (specify species)  \_\_\_\_\_\_\_\_\_\_\_\_ | **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/S-DD R N | | **CEFOT/CEFTRX**  S I R N |
| **CEFTAZ**  S I R N | **CEFUR**  S I R N | **CEFOX/CTET**  S I R N | | **CIPRO/LEVO/MOXI**  S I R N | | | | **COL/PB†**  S 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*  *pneumonia*  *\_\_\_\_Klebsiella*  *oxytoca* | **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/S-DD R N | | **CEFOT/CEFTRX**  S I R N |
| **CEFTAZ**  S I R N | **CEFUR**  S I R N | **CEFOX/CTET**  S I R N | | **CIPRO/LEVO/MOXI**  S I R N | | | | **COL/PB†**  S 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 |  | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pathogen # | **Gram-negative Organisms (*continued*)** | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_ | *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 | | | | | | |
| Pathogen # | **Fungal Organisms** | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_ | *Candida*  (specify species if available)  \_\_\_\_\_\_\_\_\_\_\_\_ | **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 results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic**

**† 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 | CTET= 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= cefazolin | DORI = doripenem | MERO = meropenem | TMZ = trimethoprim/sulfamethoxazole |
| CEFEP = cefepime | DOXY = doxycycline | METH = methicillin | TOBRA = tobramycin |
| CEFOT = cefotaxime | ERTA = ertapenem | MICA = micafungin | VANC = vancomycin |
| CEFOX= cefoxitin | ERYTH = erythromycin | MINO = minocycline | VORI = voriconazole |
| CEFTAZ = ceftazidime | FLUCO = fluconazole | MOXI = moxifloxacin |  |

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| --- | --- | --- | --- |
| **Custom Fields** | | | |
| Label | | Label | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Comments** | | | |
|  | | | |