



# 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\\_502.pdf](http://www.cdc.gov/nhsn/forms/instr/57_502.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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| *Transient Patient   | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 vascular access device, specify:                           | ____ / ____ <input type="checkbox"/> Unknown             |
| Is this a catheter-graft hybrid? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Vascular access comment: _____  |  |
| *Patient's dialyzer is reused?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## Event Details

\*Specify Dialysis Event: (check at least one)

**IV antimicrobial start** \*Date of 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** \*Date of 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** \*Date of pus, redness, and increased swelling: \_\_\_\_\_

    \*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)

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Fever ≥37.8°C (100°F) oral   | <input type="checkbox"/> Chills or rigors        | <input type="checkbox"/> Drop in blood pressure             |
| <input type="checkbox"/> Wound (NOT related to vascular access) with pus or increased redness | <input type="checkbox"/> Urinary tract infection | <input type="checkbox"/> Pneumonia or respiratory infection |
| <input type="checkbox"/> Cellulitis (skin redness, heat, or pain without open wound)          | <input type="checkbox"/> None                    |   |
| <input type="checkbox"/> Other problem (specify): _____                                       |  |   |

\*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 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).

# Dialysis Event

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

| Pathogen # | Gram-negative Organisms (continued) |
|------------|-------------------------------------|
|------------|-------------------------------------|

# Dialysis Event

|            |  |                 |                    |                     |                     |                     |                 |                    |                 |                 |
|------------|--|-----------------|--------------------|---------------------|---------------------|---------------------|-----------------|--------------------|-----------------|-----------------|
| _____      | <i>Pseudomonas aeruginosa</i>                    | AMK<br>SIR N    | AZT<br>SIR N       | CEFEP<br>SIR N      | CEFTAZ<br>SIR N     | CIPRO/LEVO<br>SIR N | COL/PB<br>SIR N | GENT<br>SIR N      |                 |                 |
| _____      |  | IMI<br>SIR N    | MERO/DORI<br>SIR N |                     | PIP/PIPTAZ<br>SIR N | CEFTAVI<br>SR N     | TOBRA<br>SIR N  | CEFTOTAZ<br>SIR N  |                 |                 |
| Pathogen # | <b>Fungal Organisms</b>                          |                 |                    |                     |                     |                     |                 |                    |                 |                 |
| _____      | <i>Candida</i><br>(specify species if available) | ANID<br>SIR N   | CASPO<br>SNS N     | FLUCO<br>S S-DD R N | FLUCY<br>SIR N      | ITRA<br>S S-DD R N  | MICA<br>SNS N   | VORI<br>S S-DD R N |                 |                 |
| Pathogen # | <b>Other Organisms</b>                           |                 |                    |                     |                     |                     |                 |                    |                 |                 |
| _____      | Organism 1<br>(specify)                          | Drug 1<br>SIR N | Drug 2<br>SIR N    | Drug 3<br>SIR N     | Drug 4<br>SIR N     | Drug 5<br>SIR N     | Drug 6<br>SIR N | Drug 7<br>SIR N    | Drug 8<br>SIR N | Drug 9<br>SIR N |
| _____      | Organism 1<br>(specify)                          | Drug 1<br>SIR N | Drug 2<br>SIR N    | Drug 3<br>SIR N     | Drug 4<br>SIR N     | Drug 5<br>SIR N     | Drug 6<br>SIR N | Drug 7<br>SIR N    | Drug 8<br>SIR N | Drug 9<br>SIR N |
| _____      | Organism 1<br>(specify)                          | Drug 1<br>SIR N | Drug 2<br>SIR N    | Drug 3<br>SIR N     | Drug 4<br>SIR N     | Drug 5<br>SIR N     | Drug 6<br>SIR N | Drug 7<br>SIR N    | Drug 8<br>SIR N | Drug 9<br>SIR N |



# Dialysis Event

Form Approved  
OMB No. 0920-0666  
Exp. Date: 11/30/2019  
www.cdc.gov/nhsn

## 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  $\leq 2$  and Resistant MIC  $\geq 4$**

## Drug Codes:

AMK = amikacin

AMP = ampicillin

AMPSUL = ampicillin/sulbactam

AMXCLV = amoxicillin/clavulanic acid

ANID = anidulafungin

AZT = aztreonam

CASPO = caspofungin

CEFAZ = ceftazidime

CEFEP = cefepime

CEFOT = cefotaxime

CEFOX = ceftazidime

CEFTAZ = ceftazidime

CEFTRX = ceftriaxone

CEFUR = cefuroxime

CTET = cefotetan

CIPRO = ciprofloxacin

CLIND = clindamycin

COL = colistin

DAPTO = daptomycin

DORI = doripenem

DOXY = doxycycline

ERTA = ertapenem

ERYTH = erythromycin

FLUCO = fluconazole

FLUCY = flucytosine

GENT = gentamicin

GENTHL = gentamicin –high level test

IMI = imipenem

ITRA = itraconazole

LEVO = levofloxacin

LNZ = linezolid

MERO = meropenem

METH = methicillin

MICA = micafungin

MINO = minocycline

MOXI = moxifloxacin

OX = oxacillin

PB = polymyxin B

PIP = piperacillin

PIPTAZ = piperacillin/tazobactam

RIF = rifampin

TETRA = tetracycline

TIG = tigecycline

TMZ = trimethoprim/sulfamethoxazole

TOBRA = tobramycin

VANC = vancomycin

VORI = voriconazole

# Dialysis Event

## Custom Fields

| Label |                | Label |                |
|-------|----------------|-------|----------------|
| _____ | ____/____/____ | _____ | ____/____/____ |
| _____ | _____          | _____ | _____          |
| _____ | _____          | _____ | _____          |
| _____ | _____          | _____ | _____          |
| _____ | _____          | _____ | _____          |
| _____ | _____          | _____ | _____          |

## Comments