



# Dialysis Event Surveillance Form

\*required for saving

Patient Information		
Facility ID:	Event ID #:	
*Patient ID:	Social Security #:	
Secondary ID #:	Medicare #:	
Patient Name, Last:	First:	Middle:
*Gender: F M Other	*Date of Birth:	
Sex at Birth: M F Other	Gender Identity:	
*Ethnicity (Specify):	*Race (Specify):	
Event Information		
*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		
*All Vascular Access: Types Present: (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"/> Non-tunneled central line	_____ / _____	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other vascular access device	_____ / _____	<input type="checkbox"/> Unknown
Is this a catheter-graft hybrid? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Vascular access comment: _____		
*Access <b>used for dialysis at the time of the event:</b> (if more than one access was used for the dialysis treatment, please indicate the access with the higher risk of infection)		
<input type="checkbox"/> Fistula	<input type="checkbox"/> Non-tunneled central line	
<input type="checkbox"/> Graft	<input type="checkbox"/> Other vascular access device	
<input type="checkbox"/> Tunneled central line		
Event Details		
*Specify Dialysis Event: (check at least one)		
<input type="checkbox"/> <b>IV antimicrobial start</b>	*Date of IV antimicrobial start: _____	
*Was vancomycin the antimicrobial used for this start? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*Was this a new outpatient dialysis facility start or a continuation of a course initiated outside of the dialysis facility?		
<input type="checkbox"/> New antimicrobial start <input type="checkbox"/> Continuation of antimicrobial		
*If new antimicrobial start, was a blood sample collected for culture? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> <b>Positive blood culture</b>	*Date of Positive blood culture: _____	
(*specify organism and antimicrobial susceptibilities on pages 2-3)		
*Suspected source of positive blood culture (check one):		
<input type="checkbox"/> Vascular access <input type="checkbox"/> A source other than the vascular access <input type="checkbox"/> Contamination <input type="checkbox"/> Uncertain		
*Where was this positive blood culture collected?		
<input type="checkbox"/> Dialysis clinic <input type="checkbox"/> Hospital (on the day of or the day following admission) or E.D. <input type="checkbox"/> Other location		
<input type="checkbox"/> <b>Pus, redness, or increased swelling at vascular access site</b>	*Date of pus, redness, and increased swelling: _____	
*Check the access site(s) with pus, redness, or increased swelling:		
<input type="checkbox"/> Fistula	<input type="checkbox"/> Graft	<input type="checkbox"/> Tunneled central line
<input type="checkbox"/> Non-tunneled central line	<input type="checkbox"/> Other vascular access device	



# Dialysis Event Surveillance Form

\*Specify Problem(s): (check one or more)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Fever $\geq 37.8^{\circ}\text{C}$ (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"/> Cellulitis (skin redness, heat, or pain without open wound)          |   | <input type="checkbox"/> Pneumonia or respiratory infection |
| <input type="checkbox"/> Other problem (specify): _____                                       |   | <input type="checkbox"/> None                               |

\*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 15 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

# Dialysis Event Surveillance Form

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

# Dialysis Event Surveillance Form

	<i>Klebsiella aerogenes</i>	ERTA SIRN	GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN		
		TIG SIRN	TMZ SIRN	TOBRA SIRN	CEFTOTAZ SIRN	IMIREL SIRN	MERVAB SIRN		

Pathogen #	Gram-negative Organisms								
	<i>Pseudomonas aeruginosa</i>	AMK SIRN	AZT SIRN	CEFEP SIRN	CEFTAZ SIRN	CIPRO/LEVO SIRN		COL/PB SIRN	GENT SIRN
		IMI SIRN	MERO/DORI SIRN		PIP/ PIPTAZ SIRN	CEFTAVI SRN		TOBRA SIRN	CEFTOTAZ SIRN

Pathogen #	Fungal Organisms								
	<i>Candida</i> (specify species if available)	ANID SIRN	CASPO SNS N	FLUCO SS-DD R N		FLUCY SIRN	ITRA SS-DD R N	MICA SNS N	VORI SS-DD R N

Pathogen #	Other Organisms									
	Organism 1 (specify)	_____D	_____	_____	_____	_____D	_____	_____	_____	_____
		rug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	rug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN
	Organism 1 (specify)	_____D	_____	_____	_____	_____D	_____	_____	_____	_____
		rug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	rug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN
	Organism 1 (specify)	_____D	_____	_____	_____	_____D	_____	_____	_____	_____
		rug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	rug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN

**Result Codes**



# Dialysis Event Surveillance Form

**S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent N = Not tested**

<sup>§</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 ≤ 2 and Resistant MIC ≥ 4**

**Drug Codes:**

AMK = amikacin	CEFTOTAZ = ceftolozane/tazobactam	FLUCY = flucytosine	OX = oxacillin
AMP = ampicillin	CEFTRX = ceftriaxone	GENT = gentamicin	PB = polymyxin B
AMPSUL = ampicillin/sulbactam	CEFUR= cefuroxime	GENTHL = gentamicin -high level test	PIP = piperacillin
AMXCLV = amoxicillin/clavulanic acid	CEFET= cefotetan	IMI = imipenem	PIPTAZ = piperacillin/tazobactam
ANID = anidulafungin	CIPRO = ciprofloxacin	IMIREL= imipenem/relebactam	RIF = rifampin
AZT = aztreonam	CLIND = clindamycin	ITRA = itraconazole	TETRA = tetracycline
CASPO = caspofungin	COL = colistin	LEVO = levofloxacin	TIG = tigecycline
CEFAZ= cefazolin	DAPTO = daptomycin	LNZ = linezolid	TMZ = trimethoprim/sulfamethoxazole
CEFEP = cefepime	DORI = doripenem	MERO = meropenem	TOBRA = tobramycin
CEFOT = cefotaxime	DOXY = doxycycline	MERVAB= meropenem/vaborbactam	
CEFOX= cefoxitin	ERTA = ertapenem	METH = methicillin	VANC = vancomycin
CEFTAR = Ceftaroline	ERYTH = erythromycin	MICA = micafungin	VORI = voriconazole
CEFTAVI = ceftazidime/avibactam	FLUCO = fluconazole	MINO = minocycline	
CEFTAZ = ceftazidime		MOXI = moxifloxacin	

Custom Fields	
Label	Label
_____ / ____ / _____	_____ / ____ / _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Comments	