



Dialysis Event Surveillance Form

*required for saving

Patient Information	
Facility ID: *Patient ID: Secondary ID #: Patient Name, Last: *Gender F M Other Sex at Birth: F M Unknown	Event ID #: Social Security #: Medicare #: First: _____ Middle: _____ *Date of Birth: _____ Gender Identity Male Female Male-to-female transgender Female-to-male transgender Identifies as non-conforming Other Asked but unknown
Race (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond	
Preferred Language (Specify) _____ Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No Declined to Respond _____ Unknown _____	
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)	
<input type="checkbox"/> Fistula Buttonhole? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Graft <input type="checkbox"/> Tunneled central line <input type="checkbox"/> Non-tunneled central line <input type="checkbox"/> Other vascular access device Is this a catheter-graft hybrid? <input type="checkbox"/> Yes <input type="checkbox"/> No Vascular access comment: _____	Access placement date (mm/yyyy): _____ / _____ <input type="checkbox"/> Unknown _____ / _____ <input type="checkbox"/> Unknown _____ / _____ <input type="checkbox"/> Unknown _____ / _____ <input type="checkbox"/> Unknown _____ / _____ <input type="checkbox"/> Unknown
*Access used for dialysis at the time of the event: (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



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- Graft Other vascular access device
 Tunneled central line Catheter-Graft hybrid

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 dialysis facility start or a continuation of a course initiated outside of the dialysis facility?

- 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)

*What is the suspected source of the organism or organisms identified on the positive blood culture?

- 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 Non-tunneled central line Other vascular access device
 Catheter-Graft Hybrid central line

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

- Fever $\geq 37.8^{\circ}\text{C}$ (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 | <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 50 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 H21-8, Atlanta, GA 30333, ATTN: PRA (0920-0666). CDC 57.502 (Front) Rev 10, v8.6

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Pathogen #	Gram-positive Organisms									
_____	<i>Staphylococcus coagulase-negative</i>		VANC SIRN	CEFOX/OX SRN						
	(specify species if available): _____									
_____	---- <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 [§] SRN	LNZ SIRN	VANC SIRN				
_____	<i>Staphylococcus aureus</i>		CIPRO/LEVO/MOXI SIRN	CLIND SIRN	DAPTO SNS N	DOXY/ MINO SIRN	ERYTH SIRN	GENT SIRN	LNZ SRN	
			OX/CEFOX/METH SIRN	RIF SIRN	TETRA SIRN	TIG SNS N	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 [†] 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 [†] SIRN	CEFTAVI SRN		

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_____ <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 _____ rug 1 Drug 2 Drug 3 Drug 4 rug 5 Drug 6 Drug 7 Drug 8 Drug 9 SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN
_____	Organism 1 (specify) _____ D _____ rug 1 Drug 2 Drug 3 Drug 4 rug 5 Drug 6 Drug 7 Drug 8 Drug 9 SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN
_____	Organism 1 (specify) _____ D _____ rug 1 Drug 2 Drug 3 Drug 4 rug 5 Drug 6 Drug 7 Drug 8 Drug 9 SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN

Result Codes



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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	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	
CEFTAR = Ceftaroline	ERYTH = erythromycin	MICA = micafungin	VANC = vancomycin
CEFTAVI = ceftazidime/avibactam	FLUCO = fluconazole	MINO = minocycline	VORI = voriconazole
CEFTAZ = ceftazidime		MOXI = moxifloxacin	

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

Comments