NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/2026
www.cdc.gov/nhsn

Dialysis Component
Monthly Reporting Plan

Select the surveillance module checkbox(es) to inform CDC that those data are being collected and reported as specified by their corresponding surveillance protocol(s).

*required for saving

*Facility ID: _____ *Month/Year: _____ /_____

☐ Not Participating in NHSN this Month (Check ONLY if facility is closed for the entire month)

Events

Locations:	Dialysis Event (DE)	Central Line Insertion Practices (CLIP)
_____	☐	☐
_____	☐	☐

Prevention Process Measures

Location:	Hand Hygiene	HD Catheter Connection/ Disconnection	HD Catheter Exit Site Care	AV Fistula & Graft Cannulation/ Decannulation	Dialysis Station Routine Disinfection	Injection Safety – Medication Preparation	Injection Safety – Medication Administration
_____	☐	☐	☐	☐	☐	☐	☐

Patient Vaccination

Comments