



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:
*Sex: F-Female M-Male	*Date of Birth:	
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:	☐ Yes ☐ 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? ☐ Yes ☐ No		
*Transient Patient ☐ Yes	☐ No	
Risk Factors		
*All Vascular Access Types Present: (check all that apply)	Access placement date (mm/yyyy):	
☐ Fistula	____/____/____	☐ Unknown
Buttonhole? ☐ Yes ☐ No		
☐ Graft	____/____/____	☐ Unknown
☐ Tunneled central line	____/____/____	☐ Unknown
☐ Non-tunneled central line	____/____/____	☐ Unknown
☐ Other vascular access device	____/____/____	☐ Unknown
Is this a catheter-graft hybrid? ☐ Yes ☐ No		
Vascular access comment: _____		
*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)		
☐ Fistula	☐ Non-tunneled central line	
☐ 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		



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

*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	☐ 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 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> (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 SS-DD NS N		GENTHL [§] SRN		LNZ SIRN		VANC SIRN	
_____	<i>Staphylococcus aureus</i>		CIPRO/LEVO/MOXI SIRN		CLIND SIRN		DAPTO SNSN		DOXY/ MINO SIRN	
			OX/CEFOX/METH SIRN		RIF SIRN		TETRA SIRN		TIG SNSN	
							ERYTH SIRN		GENT SIRN	
									LNZ SRN	
									TMZ SIRN	
									VANC SIRN	
									CEFTAR SS-DD I R	
Pathogen #	Gram-negative Organisms									
_____	<i>Acinetobacter</i> (specify species) _____		AMK SIRN		AMPSUL SIRN		AZT SIRN		CEFEF SIRN	
			GENT SIRN		IMI SIRN		MERO/DORI SIRN		PIP/PIPTAZ SIRN	
			TMZ SIRN		TOBRA SIRN				TETRA/DOXY/MINO SIRN	
_____	<i>Escherichia coli</i>		AMK SIRN		AMP SIRN		AMPSUL/AMXCLV SIRN		AZT SIRN	
			CEFTAZ SIRN		CEFUR SIRN		CEFOX/CTET SIRN		CEFTAVI SRN	
			ERTA SIRN		GENT SIRN		IMI SIRN		MERO/DORI SIRN	
			TIG SIRN		TMZ SIRN		TOBRA SIRN		IMIREL SIRN	
									PIPTAZ SIRN	
									TETRA/DOXY/MINO SIRN	
									MERVAB SIRN	
_____	<i>Enterobacter</i> (specify species) _____		AMK SIRN		AMP SIRN		AMPSUL/AMXCLV SIRN		AZT SIRN	
			CEFTAZ SIRN		CEFUR SIRN		CEFOX/CTET SIRN		CIPRO/LEVO/MOXI SIRN	
			ERTA SIRN		GENT SIRN		IMI SIRN		MERO/DORI SIRN	
			TIG SIRN		TMZ SIRN		TOBRA SIRN		CEFTOTAZ SIRN	
									PIPTAZ SIRN	
									TETRA/DOXY/MINO SIRN	
									MERVAB SIRN	
_____	_____ <i>Klebsiella pneumonia</i> _____ <i>Klebsiella oxytoca</i>		AMK SIRN		AMP SIRN		AMPSUL/AMXCLV SIRN		AZT SIRN	
			CEFTAZ SIRN		CEFUR SIRN		CEFOX/CTET SIRN		CIPRO/LEVO/MOXI SIRN	
									COL/PB [†] SIRN	
									CEFTAVI SRN	

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		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
	<i>Klebsiella aerogenes</i>	TIG S I R N	TMZ S I R N	TOBRA S I R N	CEFTOTAZ S I R N	IMIREL S I R N	MERVAB S I R N

Pathogen #	Gram-negative Organisms									
	<i>Pseudomonas aeruginosa</i>	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	CEFTAVI S I R N		TOBRA S I R N	CEFTOTAZ S I R N	
Pathogen #	Fungal Organisms									
	<i>Candida</i> (specify species if available)	ANID S I R N	CASPO S N S N	FLUCO S S-DD R N		FLUCY S I R N	ITRA S S-DD R N		MICA S N S N	VORI S S-DD R N
Pathogen #	Other Organisms									
	Organism 1 (specify)	_____D	_____	_____	_____	_____D	_____	_____	_____	_____
		rug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	rug 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)	_____D	_____	_____	_____	_____D	_____	_____	_____	_____
		rug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	rug 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)	_____D	_____	_____	_____	_____D	_____	_____	_____	_____
		rug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	rug 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



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

Custom Fields

Label	Label

Comments