Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/2027
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NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

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

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

☐ Fever ≥ 37.8°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

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

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	___*Klebsiella aerogenes*	**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
		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**							
_______	*Pseudomonas aeruginosa*	**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 R N	**TOBRA** S I R N	**CEFTOTAZ** **S I R N**

Pathogen #	**Fungal Organisms**							
_______	*Candida* (specify species if available) _____________	**ANID** S I R N	**CASPO** S NS N	**FLUCO** S S-DD R N	**FLUCY** S I R N	**ITRA** S S-DD R N	**MICA** S NS N	**VORI** S S-DD R N

Pathogen #	**Other Organisms**									
_______	Organism 1 (specify) _____________	_______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	_______D 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 rug 1 S I R N	_______ Drug 2 S I R N	______ Drug 3 S I R N	_______ Drug 4 S I R N	_______D 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 rug 1 S I R N	_______ Drug 2 S I R N	______ Drug 3 S I R N	_______ Drug 4 S I R N	_______D 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
AMP = ampicillin
AMPSUL = ampicillin/sulbactam
AMXCLV = amoxicillin/clavulanic acid
ANID = anidulafungin
AZT = aztreonam
CASPO = caspofungin
CEFAZ= cefazolin
CEFEP = cefepime
CEFOT = cefotaxime
CEFOX= cefoxitin
CEFTAR = Ceftaroline
CEFTAVI = ceftazidime/avibactam
CEFTAZ = ceftazidime
CEFTOTAZ = ceftolozane/tazobactam
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
IMIREL= imipenem/relebactam
ITRA = itraconazole
LEVO = levofloxacin
LNZ = linezolid
MERO = meropenem
MERVAB= meropenem/vaborbactam
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

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

Comments