

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 <input type="checkbox"/> 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) Access placement date (mm/yyyy):	
<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	_____/_____ _____/_____ _____/_____ _____/_____ _____/_____ <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown
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)	
<input type="checkbox"/> Fistula	<input type="checkbox"/> Non-tunneled central line

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- Graft
 Tunneled central line
 Other vascular access device
 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 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> (specify species if available): _____		VANC S I R N	CEFOX/OX S R N						
_____	_____ <i>Enterococcus faecium</i> _____ <i>Enterococcus faecalis</i> _____ <i>Enterococcus</i> spp. (Only those not identified to the species level)		DAPTO S S-DD N S N	GENTHL⁵ S R N	LNZ S I R N	VANC S I R N				
_____	<i>Staphylococcus aureus</i>		CIPRO/LEVO/MOXI S I R N	CLIND S I R N	DAPTO S N S 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 N S N	TMZ S I R N	VANC S I R N	CEFTAR S S-DD I R	
Pathogen #	Gram-negative Organisms									
_____	<i>Acinetobacter</i> (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						
_____	<i>Escherichia coli</i>		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-DDR 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			
_____	<i>Enterobacter</i> (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-DDR 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		
_____	<i>Klebsiella pneumoniae</i>		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-DDR N	CEFOT/CEFTRX S I R N	

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_____	<i>Klebsiella oxytoca</i>	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	
	_____	<i>Klebsiella aerogenes</i>	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																																																												
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Result Codes

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	CEFTURX = ceftriaxone	GENT = gentamicin	PB = polymyxin B
AMPSUL = ampicillin/sulbactam	CEFOX = cefoxitin	GENTHL = gentamicin –high level test	PIP = piperacillin
AMXCLV = amoxicillin/clavulanic acid	CEFTAR = ceftaroline	IMI = imipenem	PIPTAZ = piperacillin/tazobactam
ANID = anidulafungin	CEFTAZ = ceftazidime	IMIREL = imipenem/relebactam	RIF = rifampin
AZT = aztreonam	CEFTAZI = ceftazidime	ITRA = itraconazole	TETRA = tetracycline
CASPO = caspofungin	CEFTAZI = ceftazidime	LEVO = levofloxacin	TIG = tigecycline
CEFAZ = cefazolin	CEFTAZI = ceftazidime	LNZ = linezolid	TMZ = trimethoprim/sulfamethoxazole
CEFEP = cefepime	CEFTAZI = ceftazidime	MERO = meropenem	TOBRA = tobramycin
CEFOT = cefotaxime	CEFTAZI = ceftazidime	MERVAB = meropenem/vaborbactam	VANC = vancomycin
CEFOX = cefoxitin	CEFTAZI = ceftazidime	METH = methicillin	VORI = voriconazole
CEFTAR = ceftaroline	CEFTAZI = ceftazidime	MICA = micafungin	
CEFTAVI = ceftazidime/avibactam	CEFTAZI = ceftazidime	MINO = minocycline	
CEFTAZ = ceftazidime	CEFTAZI = ceftazidime	MOXI = moxifloxacin	

Custom Fields

Label	Label
_____ / ____ / ____	_____ / ____ / ____
_____ / ____ / ____	_____ / ____ / ____
_____ / ____ / ____	_____ / ____ / ____
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Comments