

Form Approved OMB No. 0920-0666 Exp. Date: 12/31/2027 www.cdc.gov/nhsn

## **Prevention Process Measures Monthly Monitoring for Dialysis**

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\*required for saving

CDC 57.504 Rev 4, v8.8

\*\*Each process measure is conditionally required based upon monitoring selection in Monthly Reporting Plan

Fa	cility ID #:	*Month:	*Year:	*Location Code:
Prevention Process Measures**				
	Observation Type		# Successful Observation	ns Total # Observations
1.	Hand Hygiene			
2.	Hemodialysis Catheter Connection/Disconnection			
3.	Hemodialysis Cathet	er Exit Site Care		
4.	Arteriovenous Fistula and Graft Cannulation/Decannulation			
5.	Dialysis Station Rou	ine Disinfection		
6.	Injection Safety – Me	edication Preparation		
7.	Injection Safety – Me	edication Administration		
Cı	ıstom Fields			
	Label			
	Data	<del></del>		
Co	omments			
will 304, Publ mair it dis	be held in strict confidence, will be u 306 and 308(d) of the Public Health ic reporting burden of this collection naining the data needed, and complet splays a currently valid OMB control	sed only for the purposes stated, and will not of Service Act (42 USC 242b, 242k, and 242m(d) of information is estimated to average 60 minu- ing and reviewing the collection of information	therwise be disclosed or released without the consent of a consent of the service	y individual or institution is collected with a guarantee that it of the individual, or the institution in accordance with Sections ructions, searching existing data sources, gathering, and on is not required to respond to a collection of information unless rmation, including suggestions for reducing this burden to