

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: M F Other	Event ID #: Social Security #: Medicare #: First: _____ Middle: _____ *Date of Birth: _____ Gender Identity: Male Female Female-to-Male Transgender Male-to-Female Transgender Identifies as non-conforming Other Asked but Unknown
Ethnicity (Specify): _____	Race (Specify): _____
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	_____/_____ <input type="checkbox"/> Unknown
Buttonhole? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Graft	_____/_____ <input type="checkbox"/> Unknown
<input type="checkbox"/> Tunneled central line	_____/_____ <input type="checkbox"/> Unknown
<input type="checkbox"/> Non-tunneled central line	_____/_____ <input type="checkbox"/> Unknown
<input type="checkbox"/> Other vascular access device	_____/_____ <input type="checkbox"/> Unknown
Is this a catheter-graft hybrid? <input type="checkbox"/> Yes <input type="checkbox"/> 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)	
<input type="checkbox"/> Fistula	<input type="checkbox"/> Non-tunneled central line
<input type="checkbox"/> Graft	<input type="checkbox"/> Other vascular access device
<input type="checkbox"/> Tunneled central line	
Event Details	
*Specify Dialysis Event: (check at least one)	
<input type="checkbox"/> IV antimicrobial start	*Date of IV antimicrobial start: _____
*Was vancomycin the antimicrobial used for this start? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Was this a new outpatient dialysis facility start or a continuation of a course initiated outside of the dialysis facility?	
<input type="checkbox"/> New antimicrobial start	<input type="checkbox"/> Continuation of antimicrobial
*If new antimicrobial start, was a blood sample collected for culture? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Positive blood culture	*Date of Positive blood culture: _____
(*specify organism and antimicrobial susceptibilities on pages 2-3)	

Dialysis Event Surveillance Form

*Suspected source of positive blood culture (check one):

- 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

*Check the access site(s) with pus, redness, or increased swelling:

- Fistula
 Graft
 Tunneled central line
 Non-tunneled central line
 Other vascular access device

*Date of pus, redness, and increased swelling: _____

*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 access | <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 25 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 D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

Dialysis Event Surveillance Form

Pathogen #	Gram-positive Organisms								
_____	<i>Staphylococcus coagulase-negative</i>		VANC SIRN	CEFOX/OX SRN					
	(specify species if available): _____								
_____	____ <i>Enterococcus faecium</i>								
	____ <i>Enterococcus faecalis</i>								
	____ <i>Enterococcus spp.</i> (Only those not identified to the species level)		DAPTO SS-DD NSN	GENTHL[§] SRN	LNZ SIRN	VANC SIRN			
_____	<i>Staphylococcus aureus</i>		CIPRO/LEVO/MOXI SIRN	CLIND SIRN	DAPTO SNSN	DOXY/MINO SIRN	ERYTH SIRN	GENT SIRN	LNZ SRN
			OX/CEFOX/METH SIRN	RIF SIRN	TETRA SIRN	TIG SNSN	TMZ SIRN	VANC SIRN	CEFTAR SS-DDIR
Pathogen #	Gram-negative Organisms								
_____	<i>Acinetobacter</i> (specify species) _____		AMK SIRN	AMPSUL SIRN	AZT SIRN	CEFEP SIRN	CEFTAZ/CEFOT/CEFTRX SIRN	CIPRO/LEVO SIRN	COL/PB SIRN
			GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIP/PIPTAZ SIRN	TETRA/DOXY/MINO SIRN		
			TMZ SIRN	TOBRA SIRN					
_____	<i>Escherichia coli</i>		AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP SI/S-DDRN	CEFOT/CEFTRX SIRN
			CEFTAZ SIRN	CEFUR SIRN	CEFOX/CTET SIRN	CEFTAVI SRN	CEFTOTAZ SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB[†] SIRN
			ERTA SIRN	GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN	
			TIG SIRN	TMZ SIRN	TOBRA SIRN	IMIREL SIRN	MERVAB SIRN		
_____	<i>Enterobacter</i> (specify species) _____		AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP SI/S-DDRN	CEFOT/CEFTRX SIRN
			CEFTAZ SIRN	CEFUR SIRN	CEFOX/CTET SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB SIRN	CEFTAVI SRN	
			ERTA SIRN	GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN	
			TIG SIRN	TMZ SIRN	TOBRA SIRN	CEFTOTAZ SIRN	IMIREL SIRN	MERVAB SIRN	
_____	____ <i>Klebsiella</i>		AMK	AMP	AMPSUL/AMXCLV	AZT	CEFAZ	CEFEP	CEFOT/CEFTRX

Dialysis Event Surveillance Form

	<i>pneumonia</i>	SIRN	SIRN	SIRN	SIRN	SIRN	SI/S-DDRN	SIRN
	<i>Klebsiella oxytoca</i>	CEFTAZ SIRN	CEFUR SIRN	CEFOX/CTET SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB [†] SIRN	CEFTAVI SRN	
	<i>Klebsiella aerogenes</i>	ERTA SIRN	GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN	TIG SIRN
		TMZ SIRN	TOBRA SIRN	CEFTOTAZ SIRN	IMIREL SIRN	MERVAB SIRN		

Pathogen #	Gram-negative Organisms									
	<i>Pseudomonas aeruginosa</i>	AMK SIRN	AZT SIRN	CEFEP SIRN	CEFTAZ SIRN	CIPRO/LEVO SIRN	COL/PB SIRN	GENT SIRN		
		IMI SIRN	MERO/DORI SIRN	PIP/PIPT SIRN	CEFTAVI SRN	TOBRA SIRN	CEFTOTAZ SIRN			
Pathogen #	Fungal Organisms									
	<i>Candida</i> (specify species if available)	ANID SIRN	CASPO SNSN	FLUCO SS-DDRN	FLUCY SIRN	ITRA SS-DDRN	MICA SNSN	VORI SS-DDRN		
Pathogen #	Other Organisms									
	Organism 1 (specify)	_____D rug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	_____D rug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN
	Organism 1 (specify)	_____D rug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	_____D rug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN
	Organism 1 (specify)	_____D rug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	_____D rug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN

Dialysis Event Surveillance Form

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	CEFTOX = ceftriaxone	GENT = gentamicin	PB = polymyxin B
AMPSUL = ampicillin/sulbactam	CEFTAZ = ceftazidime	GENTHL = gentamicin –high level test	PIP = piperacillin
AMXCLV = amoxicillin/clavulanic acid	CEFOX = cefoxitin	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 = ceftazidime	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