

Surveillance date	mm	yy	yy
	____/____		
Facility name:	-----	code	-----

## Dialysis Event

Patient information			
Patient ID:	File number:		
Patient Name:	Nationality	1 <input type="checkbox"/> K	2 <input type="checkbox"/> NK
Gender: 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	Date of Birth:	____/____/____ (dd/mm/yyyy)	
Event Type: DE	Date of Event:	____/____/____ (dd/mm/yyyy)	
Location:	location type:	1 <input type="checkbox"/> Adult	2 <input type="checkbox"/> Pediatric
Risk Factors			
*Vascular accesses: (check only one) see instructions		Access Placement Date: (dd/mm/yyyy)	
1 <input type="checkbox"/> Fistula	____/____/____		
Buttonhole?	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	
2 <input type="checkbox"/> Graft	____/____/____		
3 <input type="checkbox"/> Tunneled central line	____/____/____		
4 <input type="checkbox"/> Non-tunneled central line	____/____/____		
5 <input type="checkbox"/> Other access device (e.g., hybrid)	____/____/____		
Other Patient Information			
Transient Patient?		1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
Event Details			
*Specify Event: (check at least one)			
1 <input type="checkbox"/> IV antimicrobial start.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	Was Vancomycin the antimicrobial used for this start? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
2 <input type="checkbox"/> Positive blood culture:	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	
Suspected source of positive blood culture (check one):			
1 <input type="checkbox"/> Vascular access		2 <input type="checkbox"/> A source other than the vascular access	3 <input type="checkbox"/> Contamination 4 <input type="checkbox"/> Uncertain
If positive blood culture, specify pathogen and antimicrobial susceptibilities on page 2.			
Number of pathogens: ____	Pathogen(s) codes: ____		
MDRO: 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	MDRO Pathogen code(s) ____		
3 <input type="checkbox"/> Pus, redness, or increased swelling at vascular access site: 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No: <b>Check one access site</b> with pus, redness, or increased swelling: 1 <input type="checkbox"/> Fistula 2 <input type="checkbox"/> Graft 3 <input type="checkbox"/> Tunneled central line 4 <input type="checkbox"/> Non-tunneled central line 5 <input type="checkbox"/> Other access device			
* Specify Problem(s): (check one or more)			
1 <input type="checkbox"/> Fever >37.8°C (100°F) oral	2 <input type="checkbox"/> Cellulites (skin redness, heat, or pain without open wound)		
3 <input type="checkbox"/> Drop in blood pressure	4 <input type="checkbox"/> Wound (NOT related to vascular access) with pus or increased redness		
5 <input type="checkbox"/> Pneumonia or respiratory infection	6 <input type="checkbox"/> Chills or rigors		
7 <input type="checkbox"/> Other (specify) _____	8 <input type="checkbox"/> None		
* Specify Outcome:			
Hospitalization:	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	99 <input type="checkbox"/> Unknown
Death:	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	99 <input type="checkbox"/> Unknown
Doctor's Signature -----		Nurse's Signature-----	