



Instructions for the Dialysis Event Form

(CDC 57.502)

Complete a dialysis event form for IV antimicrobial starts; positive blood cultures; and onsets of pus, redness or increased swelling at vascular access sites, according to definitions and reporting instructions in the Dialysis Event Protocol.

* = required field when reporting in-plan

Patient Data	
Data Fields	Instructions for Completion
Facility ID #	NHSN-assigned facility ID will be auto-entered by the computer.
Event ID #	Event ID# will be auto-entered by the computer.
*Patient ID #	Required. Enter the alphanumeric patient ID number. This is the patient identifier assigned by the healthcare facility and may consist of any combination of numbers and/or letters.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID #	Optional. Enter the alphanumeric ID number assigned by the facility.
Medicare #	Optional. Enter the patient's Medicare number.
Patient Name	Optional. Enter last, first and middle name of the patient.
*Gender	Required. Select "Female," "Male," or "Other" to indicate the patient's gender.
*Date of Birth	Required. Enter the patient's date of birth (format: mm/dd/yyyy).
Ethnicity (specify)	Optional. Specify whether patient is Hispanic or Latino.
Race (specify)	Optional. Specify all of the following that identify the patient's race: American Indian/Alaska Native; Asian; Black or African American; Native Hawaiian/Other Pacific Islander; and White.

General Event Information	
*Event Type	Required. Select "DE - Dialysis Event".
*Date of Event	Required. Date (format: mm/dd/yyyy) depends on event type: <ul style="list-style-type: none"> • For IV antimicrobial starts, enter the date the outpatient IV antimicrobial administration was started. • For positive blood cultures, enter the date the blood specimen was collected, not the date the laboratory reported the result. • For pus, redness, or increased swelling at the vascular access site, enter the onset date. • If reporting more than one type of dialysis event, using the above criteria select the earliest event date.
*Location	Required. Enter the location code of the "outpatient hemodialysis clinic" that is collecting Dialysis Event information.
Was the patient admitted/readmitted to the dialysis facility on this dialysis event date?	Required. Select 'yes' if the dialysis event occurred on the same date the patient was admitted or readmitted to your facility (e.g., upon admission or immediately following a hospital discharge).



Risk Factors	
Data Fields	Instructions for Completion
*Vascular accesses	Required. Select all vascular accesses that the patient had present at the time of the dialysis event, even if they are not used for dialysis and even if they are abandoned/non-functional.
Fistula	Indicate if the patient has a surgically created direct connection between an artery and a vein for hemodialysis.
Buttonhole	Conditionally required for patients with fistulas. Select “yes” if the patient’s fistula is primarily accessed via buttonhole cannulation technique (i.e., a procedure in which a blunt needed (cannula) is inserted into the fistula at the same location each time using an established track). Select “no” if the patient’s fistula is primarily accessed by conventional or rope ladder method.
Graft	Indicate if the patient has a connection between an artery and a vein created with surgically implanted material (typically synthetic tubing) for hemodialysis.
Tunneled central line	Indicate if the patient has a central venous catheter that travels a distance under the skin from the point of insertion before entering a vein, and terminates at or close to the heart or one of the great vessels.
Nontunneled central line	Indicate if the patient has a central venous catheter that is fixed in place at the point of insertion and travels directly from the skin entry site to a vein and terminates close to the heart or one of the great vessels.
Other access device	Indicate if the patient has a hybrid vascular access device (e.g., HeRO® vascular access device ^{Error! Bookmark not defined.}), port, or any other vascular access device that does not meet the above definitions. Do not use this field to report vascular accesses that are grafts, central venous catheters or fistulas. Do not use this field to report peritoneal dialysis accesses.
Is this a catheter-graft hybrid?	Conditionally required for patients with an ‘other access device.’ Select ‘yes’ if the patient has a catheter-graft hybrid access device: a subcutaneous surgical implant with both a catheter and a graft component that provides blood flow directly from the target artery to the heart, bypassing the patient’s central venous system (e.g., HeRO® vascular access device ¹). Select ‘no’ if the patient’s other access device is not a catheter-graft hybrid.
*Access Placement Date	Required. For each access type present, indicate the date (mm/yyyy) the access was placed or check the box if placement date is unknown. If the patient has more than one access of the same type (e.g., two grafts), indicate the access placement date of the access in use, or most recently in use, at the time of the event.
Vascular access comment	Optional. Use this field to add any additional information about the patient’s vascular access(es) that would help you to interpret your surveillance data, such as recent surgical revisions, etc. CDC typically does not analyze these data.

¹ Use of trade names and commercial sources is for identification only and does not imply endorsement.



Other Patient Information	
Data Fields	Instructions for Completion
*Transient Patient	<p>Required. Select “Yes” if this patient was temporarily admitted for treatment at your facility for a short time (fewer than 30 days or 13 treatments) due to vacation, emergency, or other short-term displacement.</p> <p>Select “No” if this patient is part of your regular patient census.</p>

Event Details	
Specify Dialysis Event	Required. Select all that apply:
IV antimicrobial start	<p>Report all starts of intravenous (IV) antibiotics or antifungals administered in an outpatient setting, regardless of the reason for administration (i.e., include IV antimicrobial starts unrelated to vascular access problems) and regardless of the duration of treatment. Report all IV antibiotic starts, not just vancomycin. Do not report IV antiviral starts. Report outpatient starts that are continuations of inpatient antimicrobial treatment. A start is defined as a single outpatient dose or first outpatient dose of a course.</p> <p>21 day rule: There must be 21 or more days from the end of one IV antimicrobial course to the beginning of a second IV antimicrobial start for two starts to be reported as separate dialysis events, even if different antimicrobials are used. If IV antimicrobials are stopped for fewer than 21 days and then restarted, the second start is NOT considered a new dialysis event and therefore is not reported.</p> <p>For outpatient IV antimicrobial starts that are continuations of inpatient antimicrobial treatment, consider the start day to be the first day of outpatient administration.</p>
Was vancomycin the antimicrobial used for this start?	Conditionally required for IV antimicrobial start dialysis events. Indicate whether IV vancomycin was started by selecting “Yes” or “No.” If multiple IV antimicrobials were used, select “Yes” if any of them were vancomycin.
Positive blood culture	<p>Report all positive blood cultures from specimens collected as an outpatient or collected within one calendar day after a hospital admission. Positive blood cultures meeting this definition should be reported regardless of whether or not the patient was treated for bloodstream infection.</p> <p>21 day rule: There must be 21 or more days between positive blood cultures for each positive blood culture to be considered a separate dialysis event, even if organisms are different. If positive blood cultures occur less than 21 days apart, the second positive blood culture is NOT considered a new dialysis event and therefore, is not reported. However, if different organisms grow from these subsequent positive blood cultures, add the new organisms to the first report.</p>
Specify pathogen(s) and antimicrobial susceptibilities	Conditionally required for a positive blood culture. See the following section for additional instructions.



Pathogens and Antimicrobial Susceptibilities													
Data Fields	Instructions for Completion												
Pathogens	<p>Select each organism identified in the positive blood culture from a pathogen dropdown menu (up to three organisms can be selected). No specific order of microorganisms is required for dialysis event positive blood cultures.</p> <p>The species should be entered once it becomes available on the final lab report. Do not report preliminary results (such as Gram stain). If the species is not indicated on the final lab report or is not listed in the NHSN pathogen dropdown list, then select the “spp” choice for the genus (e.g., <i>Bacillus natto</i> is not on the list so it would be reported as <i>Bacillus spp.</i>). Note that the pathogen dropdown menu opens to display an abbreviated list of the most common pathogens. A more complete list can be accessed by scrolling to the bottom of the menu and selecting “(All Pathogens...)”</p>												
Antimicrobial agent and susceptibility results	<p>Conditionally required if ≥ 1 pathogen is identified.</p> <ul style="list-style-type: none"> For organisms shown on the back of the event form, susceptibility results are required only for the antimicrobial agents listed. For organisms that are not listed on the back of an event form, susceptibility results are optional. (Optional) Report up to a maximum of 20 additional antimicrobials and susceptibility results, per microorganism. 												
Antimicrobial agent and susceptibility results (continued)	<p>Select the organism’s susceptibility result code for each antimicrobial agent.</p> <table border="0"> <tr> <td>S – Susceptible</td> <td>For gentamicin and streptomycin high level tests only, use:</td> </tr> <tr> <td>I – Intermediate</td> <td>S – Susceptible/Synergistic</td> </tr> <tr> <td>R – Resistant</td> <td>R – Resistant/Not Synergistic</td> </tr> <tr> <td>N – Not Tested</td> <td></td> </tr> <tr> <td>NS- Non-susceptible</td> <td></td> </tr> <tr> <td>S-DD- Susceptible-dose dependent</td> <td></td> </tr> </table>	S – Susceptible	For gentamicin and streptomycin high level tests only, use:	I – Intermediate	S – Susceptible/Synergistic	R – Resistant	R – Resistant/Not Synergistic	N – Not Tested		NS- Non-susceptible		S-DD- Susceptible-dose dependent	
S – Susceptible	For gentamicin and streptomycin high level tests only, use:												
I – Intermediate	S – Susceptible/Synergistic												
R – Resistant	R – Resistant/Not Synergistic												
N – Not Tested													
NS- Non-susceptible													
S-DD- Susceptible-dose dependent													

Antimicrobial Drug Code Table

AMK = amikacin	COL = colistin	MOXI = moxifloxacin
AMP = ampicillin	DAPTO = daptomycin	OX = oxacillin
AMPSUL = ampicillin/sulbactam	DORI = doripenem	PB = polymyxin B
AMXCLV = amoxicillin/clavulanic acid	DOXY = doxycycline	PIP = piperacillin
ANID = anidulafungin	ERTA = ertapenem	PIPTAZ = piperacillin/tazobactam
AZT = aztreonam	ERYTH = erythromycin	QUIDAL = quinupristin/dalfopristin
CASPO = caspofungin	FLUCO = fluconazole	RIF = rifampin
CEFAZ= cefazolin	FLUCY = flucytosine	STREPHL = streptomycin-high level test
CEFEP = cefepime	GENT = gentamicin	TETRA = tetracycline
CEFOT = cefotaxime	GENTHL = gentamicin-high level test	TICLAV = ticarcillin/clavulanic acid
CEFOX= ceftazidime	IMI = imipenem	TIG = tigecycline
CEFTAZ = ceftazidime	ITRA = itraconazole	TMZ =
CEFTRX = ceftriaxone	LEVO = levofloxacin	trimethoprim/sulfamethoxazole
CEFUR= cefuroxime	LNZ = linezolid	TOBRA = tobramycin
CTET= cefotetan	MERO = meropenem	VANC = vancomycin
CHLOR= chloramphenicol	METH = methicillin	VORI = voriconazole
CIPRO = ciprofloxacin	MICA = micafungin	
CLIND = clindamycin	MINO = minocycline	



Event Details (continued)	
Data Fields	Instructions for Completion
<p>Suspected source of positive blood culture</p>	<p>Conditionally required for positive blood culture dialysis events. Select one suspected source of the positive blood culture:</p> <ul style="list-style-type: none"> • <u>Vascular access</u>: Choose “Vascular access” if there is objective evidence of vascular access infection and the vascular access is thought to be the source of the positive blood culture. • <u>A source other than the vascular access</u>: Choose “A source other than the vascular access” if either (a) or (b) is true: <ol style="list-style-type: none"> a) a culture from another site (e.g., infected leg wound) shows the same organism found in the blood and is thought to be the source of the positive blood culture. b) there is clinical evidence of infection at another site which is thought to be the source of the positive blood culture, but the site was not sampled for culture. • <u>Contamination</u>: Choose “Contamination” if the organism isolated from the blood culture is thought by the physician, infection preventionist, or nurse manager to be a contaminant. Contamination is more likely if the organism is a common commensal and is isolated from only one of several blood cultures. Examples of some common commensals include: diphtheroids [<i>Corynebacterium</i> spp., not <i>C. diphtheriae</i>], <i>Bacillus</i> spp. [not <i>B. anthracis</i>], <i>Propionibacterium</i> spp., coagulase-negative staphylococci [including <i>S. epidermidis</i>], viridians group streptococci, <i>Aerococcus</i> spp., and <i>Micrococcus</i> spp. • <u>Uncertain</u>: Choose “Uncertain” only if there is insufficient evidence to decide among the three previous categories.
<p>Pus, redness, or increased swelling at the vascular access site</p>	<p>Report each new outpatient episode where the patient has one or more symptoms of pus, greater than expected redness or greater than expected swelling at any vascular access site, regardless of whether the patient received treatment for infection. Pus is always reportable. Report redness or swelling if it is greater than expected and suspicious for infection.</p> <p>21 day rule: There must be 21 or more days between the onset of one episode and the onset of a second episode of pus, redness, or increased swelling at a vascular access site to be considered separate dialysis events. If an episode of pus, redness, or increased swelling at a vascular access site resolves and then recurs within 21 days of the first onset, the recurrence is NOT considered a new dialysis event and therefore, is not reported.</p>
<p>Check the access site(s) with pus, redness, or increased swelling:</p>	<p>Conditionally required if there is pus, redness, or increased swelling at the vascular access site. Select vascular access site(s) with these findings.</p>



Event Details (continued)	
Data Fields	Instructions for Completion
*Specify Problem(s)	Required. Indicate which problems are present.
Fever	Select if fever $\geq 37.8^{\circ}\text{C}$ (100°F) oral is present.
Chills or rigors	Select if chills or rigors are present.
Drop in Blood Pressure	Select if abnormal drop in blood pressure is present.
Wound with pus or increased redness	Select if a wound that is unrelated to the vascular access site has pus or increased redness is present.
Cellulitis	Select if cellulitis is present at a site other than the vascular access and without open wound.
Pneumonia or respiratory infection	Select if pneumonia or other respiratory tract infection is present.
Urinary Tract Infection	Select if urinary tract infection is present.
Other Problem	Select if other problem related to the IV antimicrobial start; positive blood culture; and/or pus, redness, or increased swelling at vascular access site is present. Specify the problem.
None	Select "none" if there are no problems.
*Outcome(s)	Required.
Loss of vascular access	Select "Yes" if the event(s) or problem(s) contributed to a loss of the patient's vascular access (i.e., the vascular access required removal or became unusable). Examples of vascular access loss: infection necessitating the removal of a central venous catheter or graft, or rendering a fistula or graft unusable for ≥ 1 treatment. Select "No" if there was no loss of vascular access. Check "Unknown" if uncertain about whether there was loss of vascular access.
Hospitalization	Select "Yes" if the event(s) or problem(s) contributed to the patient's hospitalization. Select "No" if patient was not admitted to a hospital. Select "Unknown" if uncertain about whether or not the patient was hospitalized.
Death	Select "Yes" if the event(s) or problem(s) contributed to the patient's death. Select "No" if patient did not die. Select "Unknown" if uncertain about whether or not the patient died or if cause of death was unknown.

Custom Fields	
Custom fields	Optional. Up to 50 alphanumeric, numeric, and/or date fields may be added to this form for local use. NOTE: Each custom field must be added in advance. Within NHSN, select "Facility," then "Customize Forms," and then follow on-screen instructions. The Form Type is "CDC-Defined - PS - Event" and form is "DE - Dialysis Event."

Comments	
Comments	Optional. Use this field to add any additional information about the dialysis event that would help you to interpret your surveillance data. CDC typically does not analyze these data.