



Table 9. Instructions for Completion of Dialysis Event (DE) form (CDC 57.109) ([Tables of Instructions List](#))

Data Field	Instructions for Completion
Facility ID #	The 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 hospital 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.
Patient name	Optional. Enter the last, first and middle name of the patient.
Gender	Required. Check Female or Male to indicate the gender of the patient.
Date of birth	Required. Record the date of the patient birth using this format: MM/DD/YYYY.
Ethnicity Hispanic or Latino Not Hispanic or Not Latino	Optional. If patient is Hispanic or Latino, check this box. If patient is not Hispanic or not Latino, check this box.
Race	Optional. Check all the boxes that apply to identify the patient's race.
Event type	Required. Enter DE.
Date of event	Required. Depending on the type of incident reported, enter either the date of hospitalization, or date of in-unit IV antimicrobial start, or for a patient, whose incident is a positive blood culture, enter the date the blood specimen was collected. Enter date of this-event using this format: MM/DD/YYYY.
Location	Required. Enter the location code of the outpatient dialysis unit where the patient was at the time of the DE.
Risk Factor: Vascular access type	Required. Check each access that the patient has. Check <u>temporary central line</u> if the patient has a nontunneled central line. Check <u>permanent central line</u> if the patient has a tunneled central line. These designations are irrespective of the length of time the central line has been in place.
Date of Access Placement:	Required. For each access type, indicate the date the access was placed or check the box if placement date is unknown. Enter date using this format: MM/DD/YYYY
Event Details:	Required. Check one or more of the dialysis event types below:



Data Field	Instructions for Completion
Specify Event	<ul style="list-style-type: none"> • <u>Hospitalization</u> if patient stayed overnight in a hospital, not just those related to infections or those where patient was directly admitted from the dialysis unit. Each time a patient is hospitalized, enter it as a new event. If a patient is hospitalized and returns to the dialysis unit on IV antimicrobials, both will be included in the same event – do not enter a second event. • <u>In-unit IV antimicrobial start</u> if patient is given IV antimicrobial agents in the dialysis unit for any reason, not just those with vancomycin or for a vascular access problem. If IV antimicrobials are stopped for less than 21 days and then restarted, this is NOT considered a new event. However, if IV antimicrobials are stopped for 21 or more days and then restarted, this is considered a new event. Indicate whether IV vancomycin was started by checking “Yes” or “No”. • <u>Positive blood culture</u> if the patient blood culture is positive, even if they did not have an associated hospitalization or in-unit IV antimicrobial start. Indicate the pathogen(s) and antibiogram as instructed in Table 2a of this chapter. Include blood cultures taken as an outpatient or within 1 day after a hospital admission. If the patient had an associated hospitalization or in-unit IV antimicrobial start, use the appropriate rule (above) for entering the event; if the patient had neither, enter a new event for positive blood culture occurring 21 or more days after a previous positive blood culture.
Suspected source of positive blood culture:	<p>Conditionally required. If positive blood culture, check one of the following:</p> <ul style="list-style-type: none"> • <u>Vascular access</u> only if there is some objective evidence of vascular access infection. • <u>A source other than the vascular access</u> if either (a) or (b) is true: (a) a culture from another site (e.g., leg wound, urine) shows the same organism found in the blood; (b) there is clinical evidence of infection at another site, but a culture was not taken from it. • <u>Contamination</u> if the organism is thought by the physician, infection preventionist, or head nurse to be a contaminant. Contamination is more likely if the organism is a common skin contaminant (e.g., diphtheroids [<i>Corynebacterium</i> spp.], <i>Bacillus</i> [not <i>B. anthracis</i>] spp., <i>Propionibacterium</i> spp., coagulase-negative staphylococci [including <i>S. epidermidis</i>], viridans group streptococci, <i>Aerococcus</i> spp., <i>Micrococcus</i> spp.) and is isolated from only one blood culture. • <u>Uncertain</u> if there is insufficient evidence to decide among the



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	three previous categories.
<p>Problem(s)</p> <p style="padding-left: 40px;">Pus, redness, or increased swelling at the vascular access site</p> <p style="padding-left: 40px;">If applicable, check the access with pus, redness, or increased swelling:</p> <p style="padding-left: 40px;">Other vascular access problem</p> <p style="padding-left: 80px;">Fever</p> <p style="padding-left: 80px;">Wound</p> <p style="padding-left: 80px;">Cellulitis</p> <p style="padding-left: 80px;">Other</p>	<p>Required. For each syndrome listed, check all that are present.</p> <p>Check if symptoms present. Do not check this if the patient is thought to have an access infection, but does not have the signs listed. Instead check “Other” and specify “Possible access infection.”</p> <p>Similar rule for other responses: If the patient is thought to have the problem but does not meet the criteria, check “Other.”</p> <p>Conditionally required if there is pus, redness, or increased swelling at a vascular access site; check one or more of the following: <input type="checkbox"/> graft <input type="checkbox"/> fistula <input type="checkbox"/> temporary central line <input type="checkbox"/> permanent central line <input type="checkbox"/> port access device</p> <p>Check if clotting, bleeding or other complication of the vascular access (other than access infection) is present.</p> <p>Check if fever present.</p> <p>Check if a wound unrelated to the vascular access site has pus or increased redness.</p> <p>Check if symptoms are present at a site other than the vascular access and without open wound.</p> <p>Specify other problem related to the positive blood culture, IV antimicrobial and/or hospitalization</p>
Custom fields and labels	<p>Optional. Up to two date fields, two numeric fields, and 10 alphanumeric fields may be customized for local use (optional). NOTE: Each Custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.</p>
Comments	Optional. Enter any information on the Event. This information may not be analyzed.