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HAEMODIALYSIS EVENT (NUMERATOR)

If you have any queries regarding the completion of this form please contact VICNISS

THIS DATA MUST BE SUBMITTED ELECTRONICALLY USING A VICNISS WEBFORM

Hospital Code Number:

Patient Identification *(Do not attach a bradma label)*

MRN (UR No.): | **Sex:** M ☐ F ☐ | **DOB:** / /

Vascular Access *(select all that apply)*

1. ☐ Arteriovenous Fistula - Access technique: ☐ Buttonhole or ☐ Rope-ladder
2. ☐ Arteriovenous Graft - Access technique: ☐ Buttonhole or ☐ Rope-ladder
3. ☐ Tunneled Central Line - Date of insertion: / / 20 _ _ or ☐ Date not available
4. ☐ Nontunneled Central Line - Date of insertion: / / 20 _ _ or ☐ Date not available

Event Details | **Date of Event:** / / 20 _ _

Event Type: *(select all that apply)*

☐ IV antimicrobial start Was IV Vancomycin started? ☐ Yes ☐ No

☐ Positive blood culture (complete pathogen & antimicrobial susceptibility below)
What was the suspected source of the positive blood culture?
☐ Vascular access ☐ Source other than vascular access ☐ Contamination ☐ Uncertain

☐ Pus, redness, or increased swelling at vascular access site
Which vascular site was affected?
☐ Arteriovenous fistula ☐ Arteriovenous graft ☐ Tunneled catheter ☐ Nontunneled catheter
Was a surface swab collected? ☐ Yes ☐ No
If Yes, was an organism identified? ☐ Yes ☐ No (If Yes, complete pathogen & antimicrobial susceptibility below)

Problems Related to Event: *(select all that are present)*

☐ Fever ≥ 37.8°C oral
☐ Chills or rigors
☐ Abnormal drop in blood pressure
☐ Wound (NOT related to vascular access) with pus or increased redness
☐ Cellulitis (skin redness, heat, or pain without open wound)
☐ Pneumonia or respiratory infection
☐ Urine culture with >100,000 organisms/ml with not more than 2 species isolated
☐ Endocarditis (proven or suspected)
☐ Other (specify) _____
☐ Nil

Outcome *(related to the event)*: Hospitalisation: ☐ Yes ☐ No ☐ Unknown | Death: ☐ Yes ☐ No ☐ Unknown

Pathogen & Antimicrobial Susceptibility

Site of Pathogen: ☐ Blood culture — **Name of Pathogen:** (If isted below, complete antimicrobial susceptilbility)

Site of Pathogen: ☐ Surface swab — **Name of Pathogen:** (If listed below, complete antimicrobial susceptilbility)

	Vancomycin				Fusidic Acid				Penicillin				Ampicillin				Methicillin**				Rifampicin			
Gram positives (Tick: S, R, I or U*)	S	R	I	U	S	R	I	U	S	R	I	U	S	R	I	U	S	R	I	U	S	R	I	U
Coagulase negative staph.																								
Enterococcus faecalis																								
Enterococcus faecium																								
Staphylococcus aureus																								

Gram negatives (Record: S, R, I or U*)	Ceftazidime	Ceftriaxone	Cefpirome	Imipenem / Meropenem	Piperacillin	Ampicillin	Gentamicin	Amikacin	Ciprofloxacin	Sufamethoxazole	Timentin
Acinetobacter spp.											
Enterobacter spp.											
E. coli											
K. oxytoca											
K. pneumoniae											
P. aeruginosa											
S. marcescens											
S. maltophilia											

*Antimicrobial Susceptibility: S=Sensitive; R=Resistant; I=Intermediate; U=Unknown.

**Methicillin is equivalent to Oxycillin or Flucloxicillin