



## Dialysis Center Report to Hospital Infection Preventionist

Dialysis Unit Name: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_ Fax: \_\_\_\_\_

Person completing form: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Print Clearly

**The patient listed below receives regularly scheduled dialysis at our facility on:**

**M-W-F T-T-S 1<sup>st</sup> shift \_\_\_\_\_ 2<sup>nd</sup> shift \_\_\_\_\_ 3<sup>rd</sup> shift \_\_\_\_\_ 4<sup>th</sup> shift \_\_\_\_\_**

Patient Name: \_\_\_\_\_ / ID: \_\_\_\_\_ DOB: / /

Print Clearly

History of recent infection: Yes No History of MDRO: Yes No Type: \_\_\_\_\_

Site of Recent infection: \_\_\_\_\_ Culture Date: \_\_\_\_\_ Organism(s): \_\_\_\_\_

Antibiotics administered: Yes No Name of antibiotic(s): \_\_\_\_\_

Medication allergy: Yes No Allergic to: \_\_\_\_\_

### Vascular Access

Current usable vascular access is: Fistula / Graft / Catheter / HeRO

Special instructions related to vascular access:

- Last Access/ no other option for vascular access \_\_\_\_\_
- Multiple problems recently \_\_\_\_\_ clotting, infections, poor blood flow
- Good vascular access, please preserve \_\_\_\_\_

Does the patient have other sources of possible infection? (wounds, PICC, decubitus, foot ulcers, other)

\_\_\_\_\_

Reported to: \_\_\_\_\_ Hospital: \_\_\_\_\_ Telephone # \_\_\_\_\_

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