

## Hospital Infection Preventionist Report to Dialysis Center



Hospital Name: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Date of Culture: \_\_\_\_\_ Within first day of admission: Yes No  
CDC – "One calendar day after hospital admission includes positive blood cultures collected on the day of or the day following admission to the hospital."

Culture Site: \_\_\_\_\_

Organism(s): \_\_\_\_\_

Is organism a Multidrug Resistant Organism? (MDRO): Yes No

Fax a list of sensitivities to enter in NHSN: Yes No

Were any antibiotics administered during this hospitalization? Yes No Date: \_\_\_\_\_

Name of Antibiotic: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Name of Antibiotic: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Continue antibiotic as an outpatient? Yes No

### Vascular Access

Were there any changes to the vascular access during this hospitalization? Yes No

Was a new vascular access placed? (Circle correct answer) Fistula Graft HeRO Catheter

Was a non-dialysis vascular access placed? (Circle correct answer) PICC Port Other \_\_\_\_\_

Any follow-up appointments or tests required? Yes No List: \_\_\_\_\_

Reported to: \_\_\_\_\_ RN Dialysis Unit: \_\_\_\_\_

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Revised 4/2/2015