

## Peritoneal Dialysis-Associated Peritonitis Event & Denominator Form

		*Required for saving **Required for completion
Facility ID:	Event #:	
*Patient ID:	Social Security #:	
Secondary ID:	Medicare #:	
Patient Name, Last:	First:	Middle:
*Gender: F M Other	*Date of Birth:	
Birth Sex: F M Unknown	Gender Identity (Specify):	
Height: ___ feet ___ inches/meters (choose one)	Weight: _____ lbs./kg. (choose one)	
Ethnicity (Specify):	Race (Specify):	
*Date enrolled in dialysis clinic: _____	Date of PD training completed: _____ Unknown	
*Event Type: PD-Related Peritonitis	*Date of Event:	
*Date of PD catheter insertion: _____ Unknown	*Date of first use of PD catheter: _____ Unknown	
<b>*Risk Factors</b>		
How many days during reporting month was PD catheter in use? _____ Unknown		
Was PD suspended/paused? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Date suspended _____ Date restarted _____		
PD Method (check one): <input type="checkbox"/> Continuous Ambulatory Peritoneal Dialysis (CAPD) <input type="checkbox"/> Continuous Cycler-Assisted Peritoneal Dialysis (CCPD)		
Did contamination occur during the reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who performs the PD treatment? <input type="checkbox"/> Patient <input type="checkbox"/> Family Member <input type="checkbox"/> Healthcare Worker <input type="checkbox"/> Other _____		
Was the patient hospitalized in the month prior to the episode? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Any <u>invasive</u> procedures in the prior month? <input type="checkbox"/> GYN <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Dental <input type="checkbox"/> Other _____		
Was a prophylactic antibiotic administered prior to <b>invasive</b> procedure (noted above)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>Within the reporting month:</b>		
Exit site infection (ESI)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown *If Yes, specify pathogen(s) identified on pages 3 - 4.		
Tunnel infection (TI)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown *If Yes, specify pathogen(s) identified on pages 3 - 4.		
<b>*Event Details</b>		
<i>Select all that apply:</i>		
<b>Laboratory &amp; Diagnostic Testing</b>		<b>Signs and Symptoms</b>
<input type="checkbox"/> Positive effluent culture (EC)		<input type="checkbox"/> Abdominal pain
<input type="checkbox"/> Negative effluent culture		<input type="checkbox"/> Cloudy effluent
<input type="checkbox"/> Cell count > 100 cells/ml or 100 x 10 <sup>9</sup> cells/L Result _____		<input type="checkbox"/> Other evidence of intraabdominal process
<input type="checkbox"/> 50% total leukocytes/WBCs were neutrophils/PMN		<input type="checkbox"/> Physician documentation of evidence of peritonitis
<input type="checkbox"/> Imaging test suggestive of intraabdominal process		
<b>Antimicrobial Treatment</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
If Yes, antimicrobial name (final) _____ initiation date _____ completion date _____		
<b>**Outcome</b>		
<i>Select all that apply within 50 days from date of peritonitis event:</i>		
Hospitalization required for event?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Date of hospitalization _____	
Loss of PD catheter?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Date catheter removed _____	
Loss of PD modality?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Date _____	
	Temporary	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Date _____
Permanent loss	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Date _____	
Died:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date _____	

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Secondary bloodstream infection (BSI): <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify pathogen(s) identified on pages 3 - 4																																	
Pathogen(s) identified from effluent: <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, specify pathogen(s) identified on pages 3 - 4.																																	
<b>Custom Fields</b>																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Label</th> <th style="width: 20%;">____ / ____ / ____</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Label	____ / ____ / ____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Label</th> <th style="width: 20%;">____ / ____ / ____</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Label	____ / ____ / ____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<p><small>Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).</small></p> <p><small>Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333.</small></p>																																	

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Pathogen#			Gram-positive Organisms										
ESI /TI	EC	BSI											
			<i>Staphylococcus</i> coagulase-negative  (Specify species if available):	<b>CEFOX/OX</b> S R N	<b>VANC</b> S I R N								
			___ <i>Enterococcus faecium</i>  ___ <i>Enterococcus faecalis</i>  ___ <i>Enterococcus</i> spp. (Only those not identified to the species level)	<b>DAPTO</b> S S-DD NS R N	<b>GENTHL<sup>s</sup></b> S R N	<b>LNZ</b> S I R N	<b>VANC</b> S I R N						
			<i>Staphylococcus aureus</i>	<b>CIPRO/LEVO/MOXI</b> S I R N	<b>CEFOX/METH/OX</b> S R N	<b>CEFTAR</b> S S-DD I R	<b>CLIND</b> S I R N	<b>DAPT</b> O S NS N	<b>DOXY/MINO</b> S I R N	<b>GENT</b> S I R N			
				<b>LNZ</b> S R N	<b>RIF</b> S I R N	<b>TETRA</b> S I R N	<b>TMZ</b> S I R N	<b>VANC</b> S I R N					
ESI /TI	EC	BSI	Gram-negative Organisms										
			<i>Acinetobacter</i> (specify species)  _____	<b>AMK</b> S I R N	<b>AMPSU</b> L S I R N	<b>CEFTAZ/CEFOT/CEFTR</b> X S I R N	<b>CEFEP</b> S I R N	<b>CIPRO/LEV</b> O S I R N	<b>COL/P</b> B S R N	<b>DORI/MER</b> O S I R N			
				<b>DOXY/MINO</b> S I R N	<b>GENT</b> S I R N	<b>IMI</b> S I R N	<b>PIPTA</b> Z S I R N	<b>TMZ</b> S I R N	<b>TOBRA</b> S I R N				
			<i>Escherichia coli</i>	<b>AMK</b> S I R N	<b>AMP</b> S I R N	<b>AMPSUL/AMXCL</b> V S I R N	<b>AZT</b> S I R N	<b>CEFAZ</b> S I R N	<b>CEFTAZ</b> S I R N	<b>CEFOT/CEFTRX</b> S I R N			
				<b>CEFEP</b> S I/S-DDR N	<b>CEFTAV</b> I S R N	<b>CEFTOTAZ</b> S I R N	<b>CIPRO/LEVO/MOXI</b> S I R N	<b>COL/PB</b> † I R N	<b>DORI/IMI/MERO</b> S I R N	<b>DOXY/MINO/TETRA</b> S I R N			
				<b>ERTA</b> S I R N	<b>GENT</b> S I R N	<b>IMIREL</b> S I R N	<b>MERVAB</b> S I R N	<b>PIPTAZ</b> S I R N	<b>TIG</b> S I R N	<b>TMZ</b> S I R N	<b>TOBRA</b> S I R N		
			<i>Enterobacter</i> (specify species)  _____	<b>AMK</b> S I R N	<b>AZT</b> S I R N	<b>CEFTAZ</b> S I R N	<b>CEFOT/CEFTRX</b> S I R N	<b>CEFAZ</b> S I R N	<b>CEFTAZ</b> S I R N	<b>CEFOT/CEFTRX</b> S I R N	<b>CEFTAVI</b> S R N	<b>CEFTOTAZ</b> S I R N	
				<b>CIPRO/LEVO/MOXI</b> S I R N	<b>COL/PB<sup>†</sup></b> I R N	<b>DORI/IMI/MERO</b> S I R N	<b>DOXY/MINO/TETRA</b> S I R N	<b>ERTA</b> S I R N	<b>GENT</b> S I R N	<b>IMIREL</b> S I R N			
				<b>MERVAB</b> S I R N	<b>PIPTAZ</b> S I R N	<b>TIG</b> S I R N	<b>TMZ</b> S I R N	<b>TOBRA</b> S I R N					
			___ <i>Klebsiella pneumoniae</i>  ___ <i>Klebsiella oxytoca</i>  ___ <i>Klebsiella aerogenes</i>	<b>AMK</b> S I R N	<b>AMPSUL/AMXCL</b> V S I R N	<b>AZT</b> S I R N	<b>CEFAZ</b> S I R N	<b>CEFTAZ</b> S I R N	<b>CEFOT/CEFTRX</b> S I R N	<b>CEFTAVI</b> S R N	<b>CEFTOTAZ</b> S I R N		
				<b>CEFTAV</b> I S R N	<b>CEFTOTAZ</b> S I R N	<b>CIPRO/LEVO/MOXI</b> S I R N	<b>COL/PB</b> † I R N	<b>DORI/IMI/MERO</b> S I R N	<b>DOXY/MINO/TETRA</b> S I R N	<b>ERTA</b> S I R N			
				<b>GENT</b> S I R N	<b>IMIREL</b> S I R N	<b>MERVAB</b> S I R N	<b>PIPTAZ</b> S I R N	<b>TIG</b> S I R N	<b>TMZ</b> S I R N	<b>TOBRA</b> S I R N			

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Pathogens#			Gram-negative Organisms (continued)									
ESI /TI	EC	BSI		AMK	AZT	CEFTAZ	CEFEP	CEFTAVI	CEFTOTAZ	CIPRO/LEVO		
			<i>Pseudomonas aeruginosa</i>	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N		
				COL/PB	DORI/IMI/MERO	GENT	PIPTAZ	TOBRA				
				SIR N	SIR N	SIR N	SIR N	SIR N				
ESI /TI	EC	BSI	Fungal Organisms									
			<i>Candida</i> (specify species if available) _____	ANID	CASPO	FLUCO	MICA	VORI				
				SIR N	SIR N	S S-DD R N	SIR N	SIR N				
ESI /TI	EC	BSI	Other Organisms									
			Organism 1 (specify) _____	Drug 1	Drug2	Drug3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
				SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N
			Organism 1 (specify) _____	Drug 1	Drug2	Drug3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
				SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N
			Organism 1 (specify) _____	Drug 1	Drug2	Drug3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
				SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N

**Result Codes**

S = Susceptible      I = Intermediate      R = Resistant      NS = Non-susceptible      S-DD = Susceptible-dose dependent  
 N = Not tested

§ GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic

† Clinical breakpoints are based on CLSI M100-ED30:2020, Intermediate MIC ≤ 2 and Resistant MIC ≥ 4

<b>Drug Codes:</b>			
AMK = amikacin	CEFTAR = ceftaroline	GENT = gentamicin	OX = oxacillin
AMP = ampicillin	CEFTAVI = ceftazidime/avibactam	GENTHL = gentamicin–high level test	PB = polymyxin B
AMPSUL = ampicillin/sulbactam	CEFTOTAZ = ceftolozane/tazobactam	IMI = imipenem	PIPTAZ = piperacillin/tazobactam
AMXCLV = amoxicillin/clavulanic acid	CEFTRX = ceftriaxone	IMIREL = imipenem/relebactam	RIF = rifampin
ANID = anidulafungin	CIPRO = ciprofloxacin	LEVO = levofloxacin	TETRA = tetracycline
AZT = aztreonam	CLIND = clindamycin	LNZ = linezolid	TIG = tigecycline
CASPO = caspofungin	COL = colistin	MERO = meropenem	TMZ = trimethoprim/sulfamethoxazole
CEFAZ = ceftazidime	DAPTO = daptomycin	MERVAB = meropenem/vaborbactam	TOBRA = tobramycin
CEFEP = cefepime	DORI = doripenem	METH = methicillin	VANC = vancomycin
CEFOT = cefotaxime	DOXY = doxycycline	MICA = micafungin	VORI = voriconazole
CEFOX = ceftoxitin	ERTA = ertapenem	MINO = minocycline	
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	