

# Access Infection Flow Sheet

Facility \_\_\_\_\_

Month/Year \_\_\_\_\_

Date	Name	Access	Symptoms	Cultures-Organism	Treatment Plan *	Outcome
		AV Fistula Graft Tunneled cath Non-tunneled cath Port Access device PD catheter	<input type="checkbox"/> Redness <input type="checkbox"/> Temp _____ <input type="checkbox"/> Drainage <input type="checkbox"/> Pain <input type="checkbox"/> Edema	Exit/access Site _____ Blood _____ Organism identified: _____ _____	<input type="checkbox"/> Antibiotics _____ _____ _____	<input type="checkbox"/> Hospitalized <input type="checkbox"/> Removal <input type="checkbox"/> Infection Resolved <input type="checkbox"/> Other
		AV Fistula Graft Tunneled cath Non-tunneled cath Port Access device PD catheter	<input type="checkbox"/> Redness <input type="checkbox"/> Temp _____ <input type="checkbox"/> Drainage <input type="checkbox"/> Pain <input type="checkbox"/> Edema	Exit/access Site _____ Blood _____ Organism identified: _____ _____	<input type="checkbox"/> Antibiotics _____ _____ _____	<input type="checkbox"/> Hospitalized <input type="checkbox"/> Removal <input type="checkbox"/> Infection Resolved <input type="checkbox"/> Other
		AV Fistula Graft Tunneled cath Non-tunneled cath Port Access device PD catheter	<input type="checkbox"/> Redness <input type="checkbox"/> Temp _____ <input type="checkbox"/> Drainage <input type="checkbox"/> Pain <input type="checkbox"/> Edema	Exit/access Site _____ Blood _____ Organism identified: _____ _____	<input type="checkbox"/> Antibiotics _____ _____ _____	<input type="checkbox"/> Hospitalized <input type="checkbox"/> Removal <input type="checkbox"/> Infection Resolved <input type="checkbox"/> Other
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\*Record Antibiotic given and total # of days of Antibiotic treatment