

Infection Tracking Tool

Patient Name: _____

Infection Date: _____

(Please Circle)

SITE: PD Catheter

Graft

Fistula

Non-Tunneled Catheter

Tunneled Catheter

(Please Circle)

TYPE: Exit Site (PD or Hemo catheter, graft or fistula local infection)

Peritonitis

Bacteremia

(Please Circle)

ORGANISM: MRSA

VRE

Strep

Staph

Gram Neg

Aerobes

Fungal

Other _____

Hospitalized: Yes _____ No _____

Access removed: Yes _____ No _____

Resolved: Yes _____ No _____

Antibiotics: Yes _____ No _____

Name: (Please Circle)

Vancomycin

Cephalosporin

Gentamycin

Zosyn

Other _____

Duration:

1 week

10 days

2 weeks

3 weeks

1 month

Other _____

Please complete this form and fax to:

Access Coordinator