

# KNHSS

Kuwait National Healthcare-associated  
Infections Surveillance System

mm      yyyy

Surveillance date    \_\_\_\_/\_\_\_\_/\_\_\_\_

Facility name : ----- Code: -----

## Denominators for Outpatient Dialysis

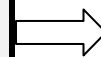
Census Form –completed once per month

Record the number of chronic hemodialysis patients who received hemodialysis at your center on the first two working days of the month. Count each patient only once. If a patient has both an implanted access (graft or fistula) and a catheter, count this patient as having the catheter.

**Location name:** \_\_\_\_\_ **Location type:**    1  Adult      2  Pediatric

| Vascular Access Type   | Number of Chronic Hemodialysis Patients |                       |                       |                                      |                       |                       |       |
|--|---|-----------------------|-----------------------|--------------------------------------|-----------------------|-----------------------|-------|
|  | 1 <sup>st</sup> working day of month    |                       |                       | 2 <sup>nd</sup> working day of month |                       |                       | total |
|  | 1 <sup>st</sup> Shift                   | 2 <sup>nd</sup> Shift | 3 <sup>rd</sup> Shift | 1 <sup>st</sup> Shift                | 2 <sup>nd</sup> Shift | 3 <sup>rd</sup> Shift |       |
| Fistula  |   |                       |                       |                                      |                       |                       |       |
| Graft  |   |                       |                       |                                      |                       |                       |       |
| Tunneled central line  |   |                       |                       |                                      |                       |                       |       |
| Non-tunneled central line                                    |   |                       |                       |                                      |                       |                       |       |
| Other access device (e.g., hybrid access)                    |   |                       |                       |                                      |                       |                       |       |
| <b>*Total patients</b><br>(sum of all patients listed above) |   |                       |                       |                                      |                       |                       |       |

Number of these  
Fistula Patients who  
undergo Buttonhole  
Cannulation




Doctor's Signature -----

Nurse's Signature-----