PERITONEAL DIALYSIS ANNUAL RETURN

Please complete this form for each patient on dialysis at your centre for year ☐☐☐☐

** - Compulsory
# - For Resolve Study

Instruction to select boxes: 1) ☑ check one or more boxes 2) ⦿ check one box only

Name	_____
NRR Registration Number	**Patient ID** _____ **RRT ID** _____ **Notif ID** _____ *Nota: Jika pesakit tiada nombor pendaftaran NRR, tolong isikan borang Dialysis Patient Notification' dan pulang bersama borang ini*
Centre name	_____ **SDP ID** _____

PART 1 - A : DETAILS & CATEGORY

1. Patient Yearly Height #	_____ cm
2. ** Assistance to perform PD	○ Self-care (Minimal assistance required) ○ Partial self-care (Some assistance required) ○ Completely assisted
3. ** Exit Site Care	A. Exit Site Dressing ☐ None ☐ Saline ☐ Chlorhexidine ☐ Povidone Iodine ☐ Others, specify
	B. Exit Site Prophylactic Antibiotics ☐ None ☐ Mupirocin ☐ Gentamicin ☐ Others, specify
4. ** Please enter the total number of Peritonitis episode this patient had for this year	
5. ** Please enter the total number of Exit Site Infection this patient had for this year	
6. ** Please enter the total number of Tunnel Tract Infection this patient had for this year	

PART 1 - B : PD SYSTEM

1. ** Date Start		**2. Date Remove**	
3. ** PD Regimen	○ CAPD ○ DAPD ○ Automated PD / CCPD/ NIPD → ○ NIPD ○ CCPD with Daytime Exchange (APD wet day) ○ Others, specify _____		
4. ** PD System	**if CAPD/DAPD** ○ Baxter - Ultrabag ○ Baxter - Other, specify ○ Fresenius - Andy Disc ○ Fresenius - Stay Safe ○ Fresenius - Stay Safe Link ○ Fresenius - Balance ○ Fresenius - Others, specify ○ Lucenxia/Peritone - Peritone *Specify* **if Automated PD / CCPD / NIPD** ○ Baxter - Homechoice/ Homechoice Pro ○ Baxter - Claria ○ Baxter - Other, specify ○ Fresenius - Sleep Safe ○ Fresenius - Sleep Safe Harmony ○ Fresenius - Others, specify ○ Lucenxia/Peritone - Peritone ○ Lucenxia/Peritone - Other, specify ○ Other, specify - Other, specify *Specify* **if Others, specify** *Other system, specify*		

PART 1 - B : PD SYSTEM *(con't)*

5. PD Prescription

CAPD/ DAPD/ Others

a) PD Solution

i.Dextrose Solution	○ Conventional	○ Physiological (Eg. Balanz)			
ii.Icodextrin	☐ Icodextrin 7.5%	Dwell Volume(litre)	○ 1.5	○ 2.0	○ 2.5
iii.Nutrineal	☐ Nutrineal	Dwell Volume(litre)	○ 2.0		
iv.Dialysate Calcium (mmol/L)	☐ Dialysate Calcium	○ Low 1.25	○ Normal 1.75	○ Others, specify _____	

b) Number of exchanges /day _____

c) Total Dwell PD Solution per day (Litres)

○ 2.0	○ 4.0	○ 6.0	○ 6.5	○ 7.0	○ 7.5	○ 8.0	○ 8.5
○ 9.0	○ 9.5	○ 10.0	○ 10.5	○ 11.0	○ 11.5	○ 12.0	○ 12.5

NIPD (APD dry day)

a) PD Solution

i.Dextrose Solution	○ Conventional	○ Physiological (Eg. Balanz)		
ii.Dialysate Calcium (mmol/L)	☐ Dialysate Calcium	○ Low 1.25	○ Normal 1.75	○ Others, specify _____

b) Dwell Volume in litre / Cycle _____

c) Prescribed Number of Cycles per day _____

d) Total duration of treatment performed or Total therapy time per day _____

e) Total Therapy Volume per day (litres)

○ 6.0	○ 7.0	○ 8.0	○ 9.0	○ 10.0	○ 11.0
○ 12.0	○ 13.0	○ 14.0	○ 15.0	○ 16.0	

CCPD with Daytime Exchange

a) PD Solution for APD

i.Dextrose Solution	○ Conventional	○ Physiological (Eg. Balanz)		
ii.Dialysate Calcium (mmol/L)	☐ Dialysate Calcium	○ Low 1.25	○ Normal 1.75	○ Others, specify _____

b) Last Fill Solution ☐ 1.5% Dwell Volume _____ (litre) ☐ 4.25% Dwell Volume _____(litre)
☐ 2.3% / 2.5% Dwell Volume _____ (litre) ☐ 7.5% Dwell Volume _____(litre)

c) PD solution for daytime exchange

i.Dextrose Solution	○ Conventional	○ Physiological (Eg. Balanz)			
ii.Icodextrin	☐ Icodextrin 7.5%	Dwell Volume(litre)	○ 1.5	○ 2.0	○ 2.5
iii.Nutrineal	☐ Nutrineal	Dwell Volume(litre)	○ 2.0		
iv.Dialysate Calcium (mmol/L)	☐ Dialysate Calcium	○ Low 1.25	○ Normal 1.75	○ Others, specify _____	

d) Dwell Volume in litres / cycle for APD _____

e) Prescribed Number of Cycles of APD per day _____

f) Dwell Volume in litres / cycle for the daytime exchange(s) _____

g) Prescribed Number of daytime exchange(s) per day ○ 1 ○ 2

h) Total therapy volume per day _____ litre(s)

PART 1 - C : FUNDING FOR PD

****Primary Funding Source**

- ○ Government funded → ○ Government centres ○ JPA reimbursed ○ Government subsidy
- ○ SOCSO
- ○ Zakat / Baitumal
- ○ NGO/Charity body funded → ○ Religious Group ○ Voluntary Group
- ○ Self funded
- ○ Employer subsidised
- ○ Insurance
- ○ Others, specify_____

Other Funding Source

- ☐ Government funded → ☐ Government centres ☐ JPA reimbursed ☐ Government subsidy
- ☐ SOCSO
- ☐ Zakat / Baitumal
- ☐ NGO/Charity body funded → ☐ Religious Group ☐ Voluntary Group
- ☐ Self funded
- ☐ Employer subsidised
- ☐ Insurance
- ☐ Others, specify_____

For source of funding government other specify, only specify government sources and not all the others, i.e. not SOCSO, Zakat, Self funding, NGO, etc

PART 1 - D : ESA/EPO/Erythropoeitin Medication & Funding

Is there any ESA medication this year? ○ Yes ○ No

ESA/EPO/Erythropoeitin Medication

****1. ESA/EPO/ Erythropoeitin Medication Name:**

- ○ Binocrit ○ Darbepoetin ○ Eprex ○ Erysaa (Epoetin Alfa)
- ○ Mircera ○ NESP (Darbepoetin alfa) ○ Recormon ○ Other Erythropoiesis-Stimulating Agents (ESAs)

2. Route: ○ Injection - Intravenous (IV) ○ Injection - Subcutaneous (SC)

3. Total dose: _____ ○ Weekly ○ Monthly **Dose unit:** _____ ○ unit/iu ○ mcg /mcgm/ µg

**Primary Funding Source

- ○ Government funded → ○ Government centres ○ JPA reimbursed ○ Government subsidy
- ○ SOCSO
- ○ Zakat / Baitumal
- ○ NGO/Charity body funded → ○ Religious Group ○ Voluntary Group
- ○ Self funded
- ○ Employer subsidised
- ○ Insurance
- ○ Others, specify _____

**Other Funding Source

- ☐ Government funded → ○ Government centres ○ JPA reimbursed ○ Government subsidy
- ☐ SOCSO
- ☐ Zakat / Baitumal
- ☐ NGO/Charity body funded → ○ Religious Group ○ Voluntary Group
- ☐ Self funded
- ☐ Employer subsidised
- ☐ Insurance
- ☐ Others, specify _____

PART 2 - A : MEDICATION

Renal Bone Treatment

☐ **Phosphate binder

Name: _____

Route: ○ Oral

☐ Calcitriol

Name: _____

Route: ○ Oral ○ Injection - Intravenous (IV)

☐ **Vitamin D

Name: _____

Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Subcutaneous (SC) ○ Injection - Intramuscular (IM)

☐ Calcimmetic (eg. Cinacalcet)

Name: _____

Route: ○ Oral ○ Injection - Intravenous (IV)

Anaemia Treatment

☐ **Iron therapy

Name: _____

Route: ○ Oral ○ Injection - Intravenous (IV)

☐ Hematinics

Name: _____

Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Subcutaneous (SC) ○ Injection - Intramuscular (IM)

Anti Hypertensive Treatment

☐ ACE Inhibitor

Name: _____

Route: ○ Oral

☐ Alpha Blocker

Name: _____

Route: ○ Oral

☐ ARB

Name:

Route: ○ Oral

☐ Beta Blocker

Name: _____

Route: ○ Oral

☐ Calcium Channel Blocker (CCB)

Name: _____

Route: ○ Oral

☐ Direct Renin Inhibitors (DRI)

Name: _____

Route: ○ Oral

☐ Other Anti Hypertensive Treatment

Name: _____

Route: ○ Oral

Lipid Lowering Treatment

☐ Cholesterol Absorption Inhibitor
Name: _____
Route: ○ Oral

☐ Fibrates (Fibric Acid Derivatives)
Name: _____
Route: ○ Oral

☐ Nicotinic Acid
Name: _____
Route: ○ Oral

☐ Resins (Bile-Acid Sequestrants)
Name: _____
Route: ○ Oral

☐ Statins (HMG-CoA reductase Inhibitors)
Name: _____
Route: ○ Oral

☐ Other Lipid Lowering Treatment
Name: _____
Route: ○ Oral

Other Drug Treatment

1. Name: _____
Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Subcutaneous (SC) ○ Injection - Intramuscular (IM)

2. Name: _____
Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Subcutaneous (SC) ○ Injection - Intramuscular (IM)

3. Name: _____
Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Subcutaneous (SC) ○ Injection - Intramuscular (IM)

4. Name: _____
Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Subcutaneous (SC) ○ Injection - Intramuscular (IM)

5. Name: _____
Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Subcutaneous (SC) ○ Injection - Intramuscular (IM)

PART 2 - B : THERAPY & EVENT

01. **Renal Bone Treatment	**a. Parathyroidectomy done in this year?**	○ Yes ○ No
	b. Deferoxamine therapy done in this year?	○ Yes ○ No
02. **Anemia Treatment	**a. Blood Transfusion in this year?**	○ Yes, Total No. Of Bags _____ ○ No
	b. Did PRCA or other immunologenic adverse event occur this year?	○ Yes ○ No ↳ **Anti-erythropoietin (anti-EPO) antibodies result?** ○ Not done ○ Positive ○ Negative

PART 3 - A : VITAL SIGN

MEASUREMENT		**Systolic BP (mmHg)	**Diastolic BP (mmHg)	Weight (Kg) #	Ultrafiltration volume (Litre) #	Target Dry Weight (Kg) #
01. Date _____ *(dd/mm/yyyy)*	**Pre drain**					
	Post drain					
02. Date _____ *(dd/mm/yyyy)*	**Pre drain**					
	Post drain					
03. Date _____ *(dd/mm/yyyy)*	**Pre drain**					
	Post drain					
04. Date _____ *(dd/mm/yyyy)*	**Pre drain**					
	Post drain					
05. Date _____ *(dd/mm/yyyy)*	**Pre drain**					
	Post drain					
06. Date _____ *(dd/mm/yyyy)*	**Pre drain**					
	Post drain					
07. Date _____ *(dd/mm/yyyy)*	**Pre drain**					
	Post drain					
08. Date _____ *(dd/mm/yyyy)*	**Pre drain**					
	Post drain					
09. Date _____ *(dd/mm/yyyy)*	**Pre drain**					
	Post drain					
10. Date _____ *(dd/mm/yyyy)*	**Pre drain**					
	Post drain					
11. Date _____ *(dd/mm/yyyy)*	**Pre drain**					
	Post drain					
12. Date _____ *(dd/mm/yyyy)*	**Pre drain**					
	Post drain					

PART 3 - B : PERITONEAL PERFORMANCE

** DATE	_____ *(dd/mm/yyyy)*			_____ *(dd/mm/yyyy)*		
	Total	**Dialysate**	**Residual**	**Total**	**Dialysate**	**Residual**
Urea Clearance (L/wk)						
Weekly Urea KT/V						
Average ultrafiltration volume per day	*(litre)*			*(litre)*		
Does the patient have any residual urine volume?	○ Yes ○ No Residual Urine Volume per day _____ *(mls)*			○ Yes ○ No Residual Urine Volume per day _____ *(mls)*		
**** 4hr D/P Creatinine**						
**** PET (D/P Creatinine at 4 hrs)**	○ Low ○ Low average ○ High ○ High average ○ Not done			○ Low ○ Low average ○ High ○ High average ○ Not done		

PART 4 - A : Lab

**TESTS	Unit	Date: _____	Date: _____	Date: _____	Date: _____
01. Sr. Creatinine	µmol/L				
	mg/dL				
02. Uric Acid	µmol/L				
03. Plasma Urea	mmol/L				
	mg/dL				
04. Sr. Potassium	mmol/L				
05. Sr. Sodium #	mmol/L				
06. Sr. Albumin #	g/L				
	g/dL				
07. Bilirubin	µmol/L				
08. Sr. Calcium (Uncorrected)	mmol/L				
	mg/dL				
09. Sr. Uncorrected Calcium #	mmol/L				
10. Sr. Phosphate #	mmol/L				
	mg/dL				
11. Sr. Alkaline Phosphatase (ALP)	U/L				
12. ALT / SGPT	U/L				
13. AST / SGOT	U/L				
14. Hb #	g / dL				
15. TWBC	µl				
16. Hypochromic cells	%				
17. PLT (Platelet count)	10^0 / L				
18. FBS	mmol/L				
	mg/dL				
19. Protein	g/L				
20. HbA1C	%				
21. Sr. Iron	µmol/L				
	µg/dL				
22. Sr. UIBC	µmol/L				
	µg/dL				
23. Sr. TIBC (Auto calc)	µmol/L				
24. Sr. TIBC	µmol/L				
	µg/dL				
25. Sr. TSAT *(auto calculated (Sr. Iron & Sr. TIBC)*	%				
26. Sr. TSAT *(Manual)* **#**	%				
27. Sr. Ferritin #	µg/L				
	pmol/L				
28. Sr. Cholesterol #	mmol/L				
	mg/dL				
29. Sr. Triglyceride (Fasting) #	mmol/L				
	mg/dL				

PART 4 - A : Lab (Con't)

TESTS	Unit	Date: _____	Date: _____	Date: _____	Date: _____
27. LDL	mmol/L				
	mg/dL				
28. HDL	mmol/L				
	mg/dL				
29. Intact PTH	pg/mL				
	pmol/L				
30. CRP	mg/dL				
31. Sr. Aluminium	µg/L				
	µmol/L				
32. LY # (Lymphocyte Count)	HSD/CU mm				

PART 4 - B : Serology

SEROLOGY TEST	**Date: ____			**Date: ____			**Date: ____			**Date: ____		
	Positive	Negative	Not Done	Positive	Negative	Not Done	Positive	Negative	Not Done	Positive	Negative	Not Done
01. **Hep B antigen (HBsAg)	○	○	○	○	○	○	○	○	○	○	○	○
02. **Hep B antibody (HBsAb)	○	○	○	○	○	○	○	○	○	○	○	○
If positive, specify (IU/ml)	_____ IU/ml			_____ IU/ml			_____ IU/ml			_____ IU/ml		
03. Hep B Core antibody (HBcAb)	○	○	○	○	○	○	○	○	○	○	○	○
04. **Anti HCV antibody	○	○	○	○	○	○	○	○	○	○	○	○
05. **Anti HIV antibody	○	○	○	○	○	○	○	○	○	○	○	○
06. CMV - IgG	○	○	○	○	○	○	○	○	○	○	○	○
07. CMV - IgM	○	○	○	○	○	○	○	○	○	○	○	○
08. EBV - IgG	○	○	○	○	○	○	○	○	○	○	○	○
09. EBV - IgM	○	○	○	○	○	○	○	○	○	○	○	○

PD INFECTION

EXIT SITE INFECTION EVENT

Definition : The presence of purulent discharge with or without erythema of the skin at the catheter exit site.

Event Date	
Culture	_____ *(Refer to Culture codelist)*
Antibiotics used	1. Name: _____ Date Start _____ Date End _____ Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Intraperitoneall (IP) ○ Topical 2. Name: _____ Date Start _____ Date End _____ Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Intraperitoneall (IP) ○ Topical 3. Name: _____ Date Start _____ Date End _____ Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Intraperitoneall (IP) ○ Topical
Outcome	○ Resolved ○ Relapsed, catheter removed ○ Death ○ Relapsed, then resolved ○ Not resolved, catheter removed If catheter removed, date removed _____
Remarks	

Event Date	
Culture	_____ *(Refer to Culture codelist)*
Antibiotics used	1. Name: _____ Date Start _____ Date End _____ Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Intraperitoneall (IP) ○ Topical 2. Name: _____ Date Start _____ Date End _____ Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Intraperitoneall (IP) ○ Topical 3. Name: _____ Date Start _____ Date End _____ Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Intraperitoneall (IP) ○ Topical
Outcome	○ Resolved ○ Relapsed, catheter removed ○ Death ○ Relapsed, then resolved ○ Not resolved, catheter removed If catheter removed, date removed _____
Remarks	

PD INFECTION

PERITONITIS

Event Date	
Clinical Findings	☐ Abdominal pain ☐ Diarrhoea ☐ Cloudy / turbid fluid ☐ Vomiting / nausea ☐ Abdominal tenderness ☐ Fever ☐ Others, specify _____
Effluent WC Count	○ <=100 ○ >100, Specify ☐
Polymorph	**Polymorph (%)** ○ <=50% ○ >50%, Specify ☐ **Polymorph in ml** _____ (ml)
Culture	_____ *(Refer to Culture codelist)*
Antibiotics used	1. Name: _____ Date Start _____ Date End _____ Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Intraperitoneall (IP) 2. Name: _____ Date Start _____ Date End _____ Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Intraperitoneall (IP) 3. Name: _____ Date Start _____ Date End _____ Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Intraperitoneall (IP)
Outcome	○ Resolved ○ Relapsed, catheter removed ○ Death ○ Relapsed, then resolved ○ Not resolved, catheter removed If catheter removed, date removed _____
Remarks	

Event Date	
Clinical Findings	☐ Abdominal pain ☐ Diarrhoea ☐ Cloudy / turbid fluid ☐ Vomiting / nausea ☐ Abdominal tenderness ☐ Fever ☐ Others, specify _____
Effluent WC Count	○ <=100 ○ >100, Specify ☐
Polymorph	**Polymorph (%)** ○ <=50% ○ >50%, Specify **Polymorph in ml** _____ (ml)
Culture	_____ *(Refer to Culture codelist)*
Antibiotics used	1. Name: _____ Date Start _____ Date End Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Intraperitoneall (IP) 2. Name: _____ Date Start _____ Date End Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Intraperitoneall (IP) 3. Name: _____ Date Start _____ Date End Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Intraperitoneall (IP)
Outcome	○ Resolved ○ Relapsed, catheter removed ○ Death ○ Relapsed, then resolved ○ Not resolved, catheter removed If catheter removed, date removed _____
Remarks	

PD INFECTION

TUNNEL TRACT INFECTION EVENT

Event Date	
Clinical Findings	☐ Pus at exit site ☐ Serous / bloody discharge at exit site ☐ Granuloma ☐ Inflammation / erythema ☐ Exit site tenderness ☐ Others, specify ____________
Culture	________________ *(Refer to Culture codelist)*
Antibiotics used	1. Name: ________________ Date Start __________ Date End __________ Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Intraperitoneall (IP) ○ Topical 2. Name: ________________ Date Start __________ Date End __________ Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Intraperitoneall (IP) ○ Topical 3. Name: ________________ Date Start __________ Date End __________ Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Intraperitoneall (IP) ○ Topical
Outcome	○ Resolved ○ Relapsed, catheter removed ○ Death ○ Relapsed, then resolved ○ Not resolved, catheter removed If catheter removed, date removed __________
Remarks	

Event Date	
Clinical Findings	☐ Pus at exit site ☐ Serous / bloody discharge at exit site ☐ Granuloma ☐ Inflammation / erythema ☐ Exit site tenderness ☐ Others, specify ____________
Culture	________________ *(Refer to Culture codelist)*
Antibiotics used	1. Name: ________________ Date Start __________ Date End __________ Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Intraperitoneall (IP) ○ Topical 2. Name: ________________ Date Start __________ Date End __________ Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Intraperitoneall (IP) ○ Topical 3. Name: ________________ Date Start __________ Date End __________ Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Intraperitoneall (IP) ○ Topical
Outcome	○ Resolved ○ Relapsed, catheter removed ○ Death ○ Relapsed, then resolved ○ Not resolved, catheter removed If catheter removed, date removed __________
Remarks	

Event Date	
Clinical Findings	☐ Pus at exit site ☐ Serous / bloody discharge at exit site ☐ Granuloma ☐ Inflammation / erythema ☐ Exit site tenderness ☐ Others, specify ____________
Culture	________________ *(Refer to Culture codelist)*
Antibiotics used	1. Name: ________________ Date Start __________ Date End __________ Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Intraperitoneall (IP) ○ Topical 2. Name: ________________ Date Start __________ Date End __________ Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Intraperitoneall (IP) ○ Topical 3. Name: ________________ Date Start __________ Date End __________ Route: ○ Oral ○ Injection - Intravenous (IV) ○ Injection - Intraperitoneall (IP) ○ Topical
Outcome	○ Resolved ○ Relapsed, catheter removed ○ Death ○ Relapsed, then resolved ○ Not resolved, catheter removed If catheter removed, date removed __________
Remarks	

Hospitalization

Is there any hospitalisation this year? ○ Yes ○ No

01. **Date of Admission: ______________ **02. Date of Discharge:** ______________

03. **Definitive Diagnosis of Admission

- ☐ **Infections**
- ☐ **Cardiovascular Event**
  - ☐ **Myocardial Infarction**
  - ☐ **Heart Failure**
  - ☐ **Others, specify** ______________
- ☐ **Fluid Overload**
- ☐ **Cerebrovascular Event**
  - ☐ **Stroke**
- ☐ **Uremia Related**
- ☐ **Others, specify** ______________

01. **Date of Admission: ______________ **02. Date of Discharge:** ______________

03. **Definitive Diagnosis of Admission

- ☐ **Infections**
- ☐ **Cardiovascular Event**
  - ☐ **Myocardial Infarction**
  - ☐ **Heart Failure**
  - ☐ **Others, specify** ______________
- ☐ **Fluid Overload**
- ☐ **Cerebrovascular Event**
  - ☐ **Stroke**
- ☐ **Uremia Related**
- ☐ **Others, specify** ______________

01. **Date of Admission: ______________ **02. Date of Discharge:** ______________

03. **Definitive Diagnosis of Admission

- ☐ **Infections**
- ☐ **Cardiovascular Event**
  - ☐ **Myocardial Infarction**
  - ☐ **Heart Failure**
  - ☐ **Others, specify** ______________
- ☐ **Fluid Overload**
- ☐ **Cerebrovascular Event**
  - ☐ **Stroke**
- ☐ **Uremia Related**
- ☐ **Others, specify** ______________

01. **Date of Admission: ______________ **02. Date of Discharge:** ______________

03. **Definitive Diagnosis of Admission

- ☐ **Infections**
- ☐ **Cardiovascular Event**
  - ☐ **Myocardial Infarction**
  - ☐ **Heart Failure**
  - ☐ **Others, specify** ______________
- ☐ **Fluid Overload**
- ☐ **Cerebrovascular Event**
  - ☐ **Stroke**
- ☐ **Uremia Related**
- ☐ **Others, specify** ______________

01. **Date of Admission: ______________ **02. Date of Discharge:** ______________

03. **Definitive Diagnosis of Admission

- ☐ **Infections**
- ☐ **Cardiovascular Event**
  - ☐ **Myocardial Infarction**
  - ☐ **Heart Failure**
  - ☐ **Others, specify** ______________
- ☐ **Fluid Overload**
- ☐ **Cerebrovascular Event**
  - ☐ **Stroke**
- ☐ **Uremia Related**
- ☐ **Others, specify** ______________

PD INFECTION CULTURE CODELIST

Culture Negative (No growth)

2. Culture Negative (No growth)

0001 NO GROWTH

Gram-Positive Organisms

03. Methicillin-Sensitive S. aureus

0026 STAPH. AUREUS

04. Methicillin-Resistant S. aureus

0027 MRSA

05. Coagulase Negative Staphylococcus

0028 STAPH COAGULASE NEG./STAPH. EPIDERMIDIS

06. Streptococcus species

0038 PNEUMOCOCCUS/STREP. PNEUMONIAE
0033 STREP. GROUP D/STREP. FAECALIS / FAECIUM / ENTEROCOCCUS
0036 STREP. GROUP A / STREP. PYOGENES
0040 STREP. OTHERS

07. Enterococcus species

0079 ENTEROCOCCUS SPECIES

08. Corynebacterium species

0018 DIPTHEROID / CORYNEBACTERIUM

MRSE

0030 MRSE

Gram-Negative Organisms

08. E. coli

0041 E. COLI / ESCHERICHIA COLI

09. Pseudomonas aeruginosa

0044 PSEUDOMONAS AUROGINOSA /PSEUDOMONAS OTHERS

10. Stenotrophomonas

0078 STENOTROPHOMONAS

11. Klebsiella species

0043 KLEBSIELLA

12. Proteus species

0046 PROTEUS

Others

13. Fungal Organisms

0025 ACTINOMYCES
0065 CANDIDA ALBICAN/OTHERS
0076 FUNGAL INFECTION / OTHERS
0067 ASPERGILLUS
0068 CRYPTOCOCCUS
0066 TORULOPSIS GLABRATA

14. Mycobacterium tuberculosis

0003 M. TUBERCULOSIS / TB

15. Non-tuberculous Mycobacteria

0006 ATYPICAL MYCOBATERIUM / OTHERS
0077 NON-TUBERCULOUS MYCOBACTERIA

16. Polymicrobial organisms

0002 POLYMICROBIAL

17. Others

0045 ACINETOBACTER
0022 BACTEROIDES
0023 CLOSTRIDIUM
0074 FUSARIUM
0052 GRAM NEGATIVE, OTHERS
0050 MORGANELLA/PROVIDENCIA
0106 OTHERS
0032 STAPH. OTHERS
0073 TRICHOSPORON
0021 ANAEROBES
0048 CITROBACTER
0047 ENTEROBACTER
0024 FUSOBACTERIUM
0020 HAEMOPHILLUS
0105 Not Available
0049 SERRATIA
0031 STAPH. SAPROPHYTICUS

PD INFECTION ANTIBIOTICS CODELIST

Gram-Positive Coverage

01. 1st/2nd Generation Cephalosporin

0008 CEFAZOLIN
0012 CEFUROXIME
0032 CEFRADINE

02. Vancomycin

0030 VANCOMYCIN

03. Amoxicillin & Clavulanate (Augmentin)

0003 AMOXICILLIN AND ENZYME INHIBITOR

03. Ampicillin/Amoxicillin

0002 AMOXICILLIN
0005 AMPICILLIN
0006 AMPICILLIN AND ENZYME INHIBITOR

05. Ampicillin & Sulbactam (Unasyn)

0038 AMPICILLIN & SULBACTAM (UNASYN)

06. Clindamycin

0039 CLINDAMYCIN

07. Cloxacillin

0014 CLOXACILLIN
0015 ERYTHROMYCIN
0021 LINEZOLID

Gram-Negative Coverage

08. 3rd/4th Generation Cephalosporins

0009 CEFEPIME
0010 CEFOTAXIME
0011 CEFTAZIDIME
0017 FUSIDIC ACID
0037 ZITHROMAX (AZITHROMYCIN)

09. Aminoglycosides

0001 AMIKACIN
0018 GENTAMICIN
0024 NETILMICIN
0029 TOBRAMYCIN

10. Quinolones

0013 CIPROFLOXACIN
0035 NALIDIXIC ACID
0036 CINOXACIN (CINOBAC)

11. Carbapenems

0007 AZTREONAM
0019 IMIPENEM AND ENZYME INHIBITOR
0022 MEROPENEM

12. Bactrim

0028 SULFAMETHOXAZOLE AND TRIMETHOPRIM

13. Piperacillin-Tazobactam

0025 PIPERACILLIN AND ENZYME INHIBITOR

15. Antifungal

0004 AMPHOTERICIN B
0016 FLUCONAZOLE
0031 FLUCYTOSINE

16. Antimycobacterial

0020 ISONIAZID
0026 PYRAZINAMIDE
0027 RIFAMPICIN

17. Polymyxin

0034 POLYMYXIN

99. Others

0023 FLAGYL / METRONIDAZOLE
0999 OTHERS,SPECIFY