NHSN
NATIONAL HEALTHCARE
SAFETY NETWORK

Prevention Process Measures
Monthly Monitoring for Dialysis

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*required for saving
**Each process measure is conditionally required based upon monitoring selection in Monthly Reporting Plan

Facility ID #:_____   *Month: _____   *Year: _____   *Location Code: _____

Prevention Process Measures**

Observation Type	# Successful Observations	Total # Observations
1. Hand Hygiene		
2. Hemodialysis Catheter Connection/Disconnection		
3. Hemodialysis Catheter Exit Site Care		
4. Arteriovenous Fistula and Graft Cannulation/Decannulation		
5. Dialysis Station Routine Disinfection		
6. Injection Safety – Medication Preparation		
7. Injection Safety – Medication Administration		

Custom Fields

Label   _____   _____   _____   _____   _____

Data   _____   _____   _____   _____   _____

Comments

CDC 57.504 Rev 3, v8.5