Infection Screen in Clarity

Nurse Education Series

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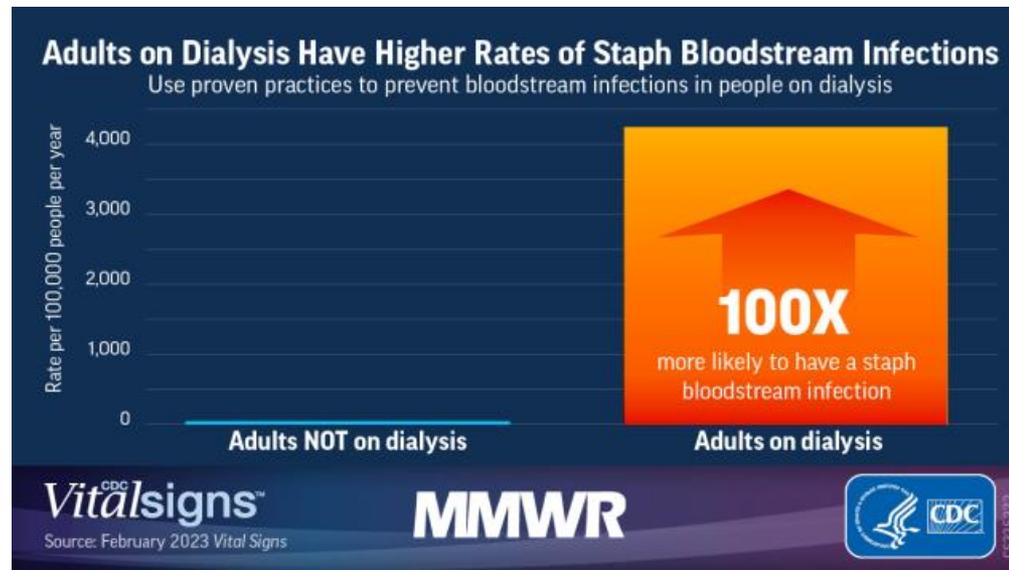
May 17th, 2023

NORTHWEST Kidney Centers

Background: Do we report all infections?

- As a dialysis organization, we must report all positive blood stream infections, local access infections and IV antibiotics given at dialysis to the CDC every month for every clinic.

- These are reported to the CDC via the National Healthcare Safety Network (NHSN) and it is called Dialysis Event reporting.

- We must also document all confirmed and suspected infections in our EMR.

- All this reporting creates a large amount of data that the CDC uses to track and measure rates of infections in dialysis, look out for outbreaks and emerging infectious organisms and ultimately drive best practice for preventing infections in dialysis.

Infection Screen in Clarity

- The infection screen is a place to document suspected and confirmed infections in Clarity.
- Goal is to have nurses enter information on infections, and suspected infections here.
- You do not have to know or fill in information for all the fields. Fill in as much information as you do know.
- You can go back to that infection later and add to it, other nurses can add to it and ultimately, Infection Prevention reviews and edits all infections in Clarity.

INFECTION ASSESSMENT	Use the Patient Infection Link to Add, Edit or End an Infection.				
Patient Infection Link	Patient Infection				
Review Suspected or Confirmed Infections (last 90 days)	**Suspected**	**Confirmed**	**End Date**	**Source Type**	**Access or Loca**
Review Anti-Infective Medications (last 90 days)	**Start Date**	**End Date**	**Prescription**		
	02/22/2023		doxycycline - 100 mg orally (monohydrate 100 mg tablet) 2 times a day morning and evening		

How to document a patient infection?

- Document an infection from RTC
- Go to the Nurse Assessment tab
- Scroll to the bottom and you will see "Infection Assessment"
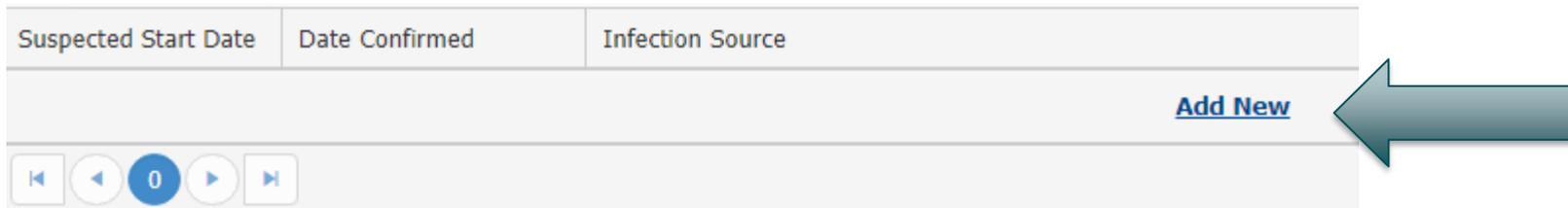- Click on the blue link that says "Patient Infection"

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- You will also see any suspected or confirmed infections that have been documented in the last 90 days as well as any anti-infectives ordered in the last 90 days. You can edit/add to those or create a new infection.

Patient Infection Screen

- The link will take you to the "Patient Infection" screen in Clarity where you will click "Add New" to add a new suspected or confirmed infection.
- You can also select an old infection and add to it or edit it.

Suspected Start Date	Date Confirmed	Infection Source
		Add New

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- This will open a series of fields to fill in about the infection.
- Fill in as much as you know about it.

Observation

Suspected Infection Start Date	[ ] 📅
Date Infection Confirmed	[ ] 📅
Infection Source	Select value ▼

Access Status After   Select value ▼

Is Access Active? ☐

Primary Access ☐

Primary Location, if Non-Access	[ ]
Initial Identification	Select value ▼
Observed by	Select value ▼

Problems/Symptoms

☐ Patient did NOT have symptoms

☐ Vascular Access Site pus, redness, or increased swelling (NHSN Dialysis Event)

☐ Fever >= 37.8 °C (100 °F)

☐ Chills or rigors

☐ Drop in blood pressure

☐ Wound (NOT related to vascular access) with pus or increased redness

☐ Urinary tract infection

☐ Cellulitis (skin redness, heat, swelling, exudate or pain without open wound)

☐ Pneumonia or respiratory infection

☐ Cloudy Effluent (PD)

☐ Abdominal pain

☐ Diarrhea

☐ Nausea

☐ Vomiting

☐ Other (Specify below)

Other sign of infection
0 / 250

Current Anti-Infective

Associate current medications to this Infection ☐ doxycycline - 100 mg orally (hy

Outcome

End Date	[ ] 📅
Infection Required Hospitalization	Select value ▼
Admission Date	[ ] 📅
Loss of vascular access	Select value ▼

Where does this go?

- This will then show up in RTC as an infection within the last 90 days, in Patient Chart View under Infections and in Patient Infection.

- It also flows to an application that Infection Control uses to report all positive blood cultures, local access infections and all IV antibiotics given on dialysis to the CDC.

- Events are classified by Infection Control and put in QAPI.

- Will ultimately go to an Infection Dashboard on K-Net where each clinic will be able to more easily see the infections that have occurred in their clinic.

Event Date ▼	Clinic	MRN	Name (Last)	Name (First)	Gender	DOB	Event T
5/11/2023	Kent				Female	7/25/1960	Dialysis
5/9/2023	Broadway				Male	4/26/1994	PD Exit S
5/8/2023	Port Angeles				Female	11/26/1965	Other
5/8/2023	Renton				Female	1/31/1948	Other
5/8/2023	Renton				Female	2/22/1945	Dialysis
5/6/2023	Port Angeles				Male	9/26/1937	Urine
5/6/2023	Renton				Female	9/16/1940	Urine
5/5/2023	Renton				Male	1/19/1965	Other
5/3/2023	Renton				Male	4/5/1989	Other
5/2/2023	Federal Way West				Male	2/1/1999	Wound
5/1/2023	Renton				Male	2/4/1946	Wound
5/1/2023	PD-Burien				Male	4/6/1956	Peritonit
5/1/2023	PD-Seattle				Female	4/28/1966	PD Exit S
4/30/2023	Auburn				Female	2/25/1945	Dialysis
4/27/2023	Rainier Beach				Female	9/26/1948	Antibioti for susp infection
4/27/2023	Port Angeles				Female	11/26/1965	Antibioti for cellul
4/27/2023	Burien				Male	9/19/1959	Antibioti continua for wour
4/26/2023	Port Angeles				Male	5/8/1938	Respirat Infection

Patient Infection ★

Patient: [REDACTED]
Primary Nephrologist: [REDACTED]

Seattle Kidney Center - Inpatient - 3rd Shift Mon-Wed-Fri
Medical Record#: 694626 Code Status: Full Code - FULL CODE

Change

Suspected Start Date	Date Confirmed	Infection Source
03/08/2023	03/16/2023	Blood

Add New

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Add/Edit Infection

Observation

Suspected infection Start Date	Confirmation Date	Infection Source	Primary Location	Problems / Symptons	Other sign of Infection
03/08/2023	03/16/2023	Blood		Other (Specify below)	High WBC of 20.5 collected 3/8/23 with no other symptoms. BCx2 obtain on 3/15 and resulted gram neg bacilli & gram pos cocci in pairs & chains on 3/16/23. MD notified. MDO for Ceftazidime 1 g and Vanc 1 g x1 to be given on 3/22/23 treatment.

Documenting in the Infection Screen will help us comply with our reporting requirements, help us more quickly and easily identify reportable events and most importantly, help keep our patients safer by allowing the entire care team to see past and present infections.

Thank you!!