

ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)
FORM 07 - STUDY DAY SCORES AND LABORATORY VALUES

Hospital No.

[][][]

Patient ID

[][][]

Patient Initials

[][][]

Study Day Date (mm/dd/yy)

[][] / [][] / [][]

A. Study Day (day 01-14, 21, or 28) [][]

B. Vital Signs

1. Temperature (in degrees C or F) [][][] . [] Degrees

a. Scale used (check one) Celsius Fahrenheit

2. Heart Rate [][][] beats/min

3. Respiratory Rate [][] breaths/min

4. Blood Pressure (systolic/diastolic) [][][] / [][][] mmHg

5. Mean Arterial Pressure as read from monitoring system [][][] mmHg N/A*

6. Transcutaneous Hemoglobin Oxygen Saturation (SaO₂) [][][] %

C. Fluid Intake and Output

1. 24-hour intake in mL [][][][][] mL

2. 24-hour output in mL [][][][][] mL

3. Duration of intake and output record if < 24 hours [][] hours

D. Patient intubated or has tracheostomy? Yes No

E. Patient on mechanical ventilation? Yes No

If Yes,

1. Specify (check one):

Invasive mechanical ventilation (intubated)

Non-invasive mechanical ventilation (non-intubated)

*N/A means Not Available

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F. Arterial Blood Gas Obtained? Yes No

If obtained,

1. Arterial pH [] . [][]

2. PaCO₂ [][] mmHg

3. PaO₂ [][][] mmHg

4. FiO₂ (percent) [][][] %

G. Hemodynamic Monitoring

1. CVP catheter? Yes No

2. Pulmonary artery catheter? Yes No

3. CVP [][] mmHg N/A*

4. Pulmonary artery pressure (systolic/diastolic) [][][] / [][] mmHg N/A*

5. Pulmonary capillary occlusion pressure [][] mmHg N/A*

*N/A means Not Available

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H. Glasgow Coma Score

1. Patient is on sedation?..... Yes No

2. Best Eye Response (check one)

- | | |
|--|--|
| <input type="checkbox"/> No eye opening | <input type="checkbox"/> Eye opening to verbal command |
| <input type="checkbox"/> Eye opening to pain | <input type="checkbox"/> Eyes open spontaneously |

3. Best Motor Response (check one)

- | | |
|--|---|
| <input type="checkbox"/> No motor response | <input type="checkbox"/> Withdrawal from pain |
| <input type="checkbox"/> Extension to pain | <input type="checkbox"/> Localizes pain |
| <input type="checkbox"/> Flexion to pain | <input type="checkbox"/> Obeys commands |

4. Best Verbal Response (check one)

a. Non-Intubated

- No verbal response
- Incomprehensible sounds
- Inappropriate words
- Converses/Confused
- Converses/Orientated

b. Intubated

- Generally unresponsive
- Questionable ability to talk
- Seems able to talk

I. Hematology/Coagulation

1. Hemoglobin.....

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 .

--

 g/dL N/A*

2. White blood cell count.....

--	--	--

 ,

--

 00 cells/mm³ N/A*

3. Platelet Count.....

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 ,

--	--	--

 , 000 cells/mm³ N/A*

4. Is patient having active bleeding?..... Yes No

J. Renal Function

1. Daily urine volume.....

--	--	--	--	--

 mL per

--	--

 hours

2. Serum creatinine.....

--	--

 .

--

 mg/dL N/A*

3. BUN.....

--	--	--

 mg/dL N/A*

4. Was a 6-hour urine collection performed? (See Ops Manual)..... Yes No

If Yes,
a. Urine volume.....

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 mL

b. Urine creatinine.....

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 .

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 mg/dL

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K. Chemistry

- | | | | | |
|--|---|---|---|-------------------------------------|
| | | | | |
| 1. Total bilirubin | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | . | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | mg/dL <input type="checkbox"/> N/A* |
| 2. Albumin | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | . | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | g/dL <input type="checkbox"/> |
| 3. Total cholesterol | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | | | mg/dL <input type="checkbox"/> |
| 4. Serum sodium | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | | | mEq/L <input type="checkbox"/> |
| 5. Serum potassium | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | . | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | mEq/L <input type="checkbox"/> |
| 6. Total CO ₂ | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | . | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | mEq/L <input type="checkbox"/> |
| 7. Serum Calcium | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | . | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | mg/dL <input type="checkbox"/> |
| 8. Ionized calcium | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | . | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | <input type="checkbox"/> |
| a. Measurement obtained in (check one): <input type="checkbox"/> mEq/L <input type="checkbox"/> mmol/L | | | | |
| 9. Serum PO ₄ | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | . | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | mg/dL <input type="checkbox"/> |
| 10. Magnesium | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | . | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | mg/dL <input type="checkbox"/> |

L. Pressors for 1 hour or more (See Operations Manual for timing of data collection.)

- | | | | Dose | |
|---|--------------------------|--------------------------|---|---|
| | Yes | No | | |
| 1. Epinephrine (mcg/kg/min) | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> |
| 2. Norepinephrine (mcg/kg/min) | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> |
| 3. Phenylephrine (mcg/kg/min) | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> |
| 4. Dopamine (mcg/kg/min) | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> |
| 5. Dobutamine (mcg/kg/min) | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> |
| 6. Vasopressin (units/hr) | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> |
| 7. Other, | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> |
| specify <table border="1" style="display: inline-table; width: 450px; height: 30px; vertical-align: middle;"></table> | | | | |

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M. Nutrition Management

1. NPO ----- Yes No

2. Oral Supplements ----- Yes No

a. Formulation 1

i. Type of Supplement (see Ops Manual for codes) ----- [][][]

ii. Number of mL administered per day ----- [][][][] mL

b. Formulation 2 (if formulation changed during the day)

i. Type of Supplement (see Ops Manual for codes) ----- [][][]

ii. Number of mL administered per day ----- [][][][] mL

3. Tube Feed ----- Yes No

a. Formulation 1

i. Formulation (see Ops Manual for codes) ----- [][][]

ii. Number of mL administered per day ----- [][][][] mL

b. Formulation 2 (if formulation changed during the day)

i. Formulation (see Ops Manual for codes) ----- [][][]

ii. Number of mL administered per day ----- [][][][] mL

4. TPN ----- Yes No

a. Calories/day ----- [][][][] Calories

b. Protein/day ----- [][][] grams

c. Lipids/day ----- [][][] grams

N. Glucose Management

1. Is patient on a continuous insulin infusion? ----- Yes No

2. Blood glucose concentration obtained closest to 8:00am. [][], [][][][] mg/dL

O. Glucocorticoid Therapy

1. Is patient receiving glucocorticoids? ----- Yes No
(includes dexamethasone, hydrocortisone, prednisolone, methylprednisolone, prednisone)

a. If yes, dose in hydrocortisone equivalents (See Ops Manual). Check one.

- <30mg/day
- 30-100mg/day
- >100mg-300mg/day
- >300mg/day

Date of Form Completion (mm/dd/yy)

Staff Initials

[][] / [][] / [][]

[][][]