

ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)

FORM 06 - BASELINE SCORES AND LABORATORY VALUES

Date Form Completed (mm/dd/yy)

/  /

NOTE: ALL DATA ON THIS FORM SHOULD BE THE MOST RECENT DATA PRIOR TO INITIATION OF THE FIRST TREATMENT ON PROTOCOL.

A. 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

a. spontaneous -----   breaths/min

b. ventilator setting -----   breaths/min  not on ventilator

4. Blood Pressure (systolic/diastolic) -----   /  mmHg

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

6. Transcutaneous Hemoglobin Oxygen Saturation (SaO<sub>2</sub>)  %

B. Patient intubated or has tracheostomy?----- Yes  No

C. Patient on mechanical ventilation?----- Yes  No

If Yes,

1. Specify mode (choose one):

Volume-targeted (AC, IMV, or IMV with PS; also answer question C.2.)

Pressure Control (PC; also answer question C.3.)

Pressure Support (PS; also answer question C.4.)

Other invasive mechanical ventilation (intubated)

Non-invasive mechanical ventilation (non-intubated)

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C. Patient on mechanical ventilation? (continued)

2. If the patient is on volume targeted MV (AC, IMV, or SIMV with PS), specify:

- a. Set tidal volume ..... 

--	--	--	--

 mL 

TidalVolume	
-------------	--
- b. Plateau airway pressure ..... 

--	--

 cm H<sub>2</sub>O 

PlateauAirwayPress	
--------------------	--
- c. PEEP ..... 

--	--

 cm H<sub>2</sub>O 

Peep	
------	--
- d. FiO<sub>2</sub> ..... 

--	--	--

 % 

MVFiO	
-------	--

3. If the patient is on Pressure Control (PC) ventilation, specify:

- a. Set inspiratory pressure ..... 

--	--

 cm H<sub>2</sub>O 

InspiratoryPress	
------------------	--
- b. Tidal volume ..... 

--	--	--	--

 ml 

PCTidalVolum	
--------------	--
- c. PEEP ..... 

--	--

 cm H<sub>2</sub>O 

PCPeep	
--------	--
- d. FiO<sub>2</sub> ..... 

--	--	--

 % 

PCFiO	
-------	--

4. If the patient is on Pressure Support (PS) ventilation, specify:

- a. Pressure support level ..... 

--	--

 cm H<sub>2</sub>O 

PSSuppoLevel	
--------------	--
- b. Tidal Volume ..... 

--	--	--	--

 mL 

PSTidalVolum	
--------------	--
- c. PEEP ..... 

--	--

 cm H<sub>2</sub>O 

PSPeep	
--------	--
- d. FiO<sub>2</sub> ..... 

--	--	--

 % 

PSFiO	
-------	--

D. Arterial Blood Gas obtained? ..... Yes  No 

ArtBloodGas	
-------------	--

If Yes,

- 1. Arterial pH ..... 

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 . 

--	--

ArtpH	
-------	--
- 2. PaCO<sub>2</sub> ..... 

--	--

 mmHg 

PaCO	
------	--
- 3. PaO<sub>2</sub> ..... 

--	--	--

 mmHg 

PaO	
-----	--
- 4. FiO<sub>2</sub> (percent) ..... 

--	--	--

 % 

FiO	
-----	--

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E. Hemodynamic Monitoring

CVPCath

1. CVP catheter? ----- Yes  No

2. Pulmonary artery catheter?----- Yes  No  PACath

3. CVP----- CVP [ ][ ] mmHg  N/A\* CVPNA

4. Pulmonary artery pressure (systolic/diastolic) ----- PASystolic [ ][ ][ ] / [ ][ ] mmHg  N/A\*  
PADiastolic [ ][ ] PADiastolicNA

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

F. Glasgow Coma Score

PCONA

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

2. Best Eye Response (check one)

No eye opening

Eye opening to verbal command

Eye opening to pain

Eyes open spontaneously

EyeResponse

3. Best Motor Response (check one)

No motor response

Withdrawal from pain

Extension to pain

Localizes pain

Flexion to pain

Obeys commands

MotorResponse

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

VerbalResponse

G. Hematology (Most recent values within 24 hours before start of study treatment.)

1. Hemoglobin ----- Hemoglobin [ ][ ] . [ ][ ] g/dL  N/A\* HemoNA

2. Hematocrit ----- Hematocrit [ ][ ] . [ ][ ] %  N/A\* HematocritNA

3. Platelet Count ----- Platelets [ ][ ] , [ ][ ][ ] , 000 cells/mm<sup>3</sup>  N/A\* PlateletsNA

4. White Blood Cell Count ----- WBC [ ][ ][ ] , [ ][ ] 00 cells/mm<sup>3</sup>  N/A\* WBCNA

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H. Coagulation

- 1. INR ----- **INR** [ ][ ] . [ ]  N/A\* **INRNA**
- 2. Partial thromboplastin time (PTT) ----- **PTT** [ ][ ] . [ ] sec  N/A\* **PTTNA**
- 3. Upper limit of normal PTT ----- **UpperPTT** [ ][ ] . [ ] sec  N/A\* **UpperPTTNA**
- 4. Is patient having active bleeding (see Ops manual)? ----- Yes  No  **ActiveBleed**

I. Renal Function (Most recent values obtained prior to completing form)

- 1. Daily urine volume ----- **DailyUrineVolmL** [ ][ ][ ][ ] mL per [ ][ ] hours **DailyUrineVolHour**
- 2. Serum creatinine ----- **SerumCreat** [ ][ ] . [ ] mg/dL [ ][ ] / [ ][ ] / [ ][ ] Date Obtained **SerumCreatDate**
- 3. BUN at admission ----- **AdmitBUN** [ ][ ][ ] mg/dL **RecentBUNDate**
- 4. Most recent BUN ----- **RecentBUN** [ ][ ][ ] mg/dL [ ][ ] / [ ][ ] / [ ][ ] Date Obtained

J. Chemistry (Most recent values obtained prior to completing form)

- 1. Total bilirubin ----- **Bilirubin** [ ][ ] . [ ] mg/dL [ ][ ] / [ ][ ] / [ ][ ]  N/A\* **BilirubinDate** **BilirubinNA**
- 2. SGOT (AST) ----- **SGOT** [ ][ ][ ][ ] U/L [ ][ ] **SGOTDate** [ ][ ] **SGOTNA**
- 3. SGPT (ALT) ----- **SGPT** [ ][ ][ ][ ] U/L [ ][ ] **SGPTDate** [ ][ ] **SGPTNA**
- 4. Alkaline phosphatase ----- **Alka** [ ][ ][ ][ ] U/L [ ][ ] **AlkaDate** [ ][ ] **AlkaNA**
- 5. Albumin ----- **Album** [ ][ ] . [ ] g/dL [ ][ ] **AlbumDate** [ ][ ] **AlbumNA**
  - a. Lower limit of normal [ ][ ] . [ ] g/dL **AlbumLower**
- 6. Total cholesterol ----- **Cholest** [ ][ ][ ][ ] mg/dL [ ][ ] **CholestDate** [ ][ ] **CholestNA**
- 7. Serum sodium ----- **Sodium** [ ][ ][ ] mEq/L [ ][ ] **SodiumDate** [ ][ ] **SodiumNA**
- 8. Serum potassium ----- **Potassium** [ ][ ] . [ ] mEq/L [ ][ ] **PotassiumDate** [ ][ ] **PotassiumNA**
- 9. Total CO<sub>2</sub> ----- **HCO** [ ][ ] . [ ] mEq/L [ ][ ] **HCODate** / [ ][ ] **HCONA**

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J. Chemistry (continued)

		Date Obtained(mm/dd/yy)	N/A*											
10. Serum calcium	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">SerumCalcium</td> <td style="width: 5%;">.</td> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 10%;"></td> </tr> </table>	SerumCalcium	.				mg/dL	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">SerumCalciumDate</td> <td style="width: 5%;">.</td> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 10%;"></td> </tr> </table>	SerumCalciumDate	.				<input type="checkbox"/> SerumCalciumNA
SerumCalcium	.													
SerumCalciumDate	.													
11. Ionized calcium	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">IonizedCalcium</td> <td style="width: 5%;">.</td> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 10%;"></td> </tr> </table>	IonizedCalcium	.					<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">IonizedCalciumDate</td> <td style="width: 5%;">.</td> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 10%;"></td> </tr> </table>	IonizedCalciumDate	.				<input type="checkbox"/> IonizedCalciumNA
IonizedCalcium	.													
IonizedCalciumDate	.													
a. Measurement obtained in (check one):														
<input type="checkbox"/> mEq/L <input type="checkbox"/> mmol/L <table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">IonizCalMeasure</td> <td style="width: 5%;">.</td> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 10%;"></td> </tr> </table>					IonizCalMeasure	.								
IonizCalMeasure	.													
12. Serum PO <sub>4</sub>	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">SerumPO</td> <td style="width: 5%;">.</td> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 10%;"></td> </tr> </table>	SerumPO	.				mg/dL	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">SerumPODate</td> <td style="width: 5%;">.</td> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 10%;"></td> </tr> </table>	SerumPODate	.				<input type="checkbox"/> SerumPONA
SerumPO	.													
SerumPODate	.													
13. Magnesium	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Magnesium</td> <td style="width: 5%;">.</td> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 10%;"></td> </tr> </table>	Magnesium	.				mg/dL	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">MagnesiumDate</td> <td style="width: 5%;">.</td> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 10%;"></td> </tr> </table>	MagnesiumDate	.				<input type="checkbox"/> MagnesiumNA
Magnesium	.													
MagnesiumDate	.													

K. Pressors for 1 hour or more

		Yes	No	Dose										
1. Epinephrine (mcg/kg/min)	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Epine</td> <td style="width: 5%;">.</td> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 10%;"></td> </tr> </table>	Epine	.				<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">DoseEpine</td> <td style="width: 5%;">.</td> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 10%;"></td> </tr> </table>	DoseEpine	.			
Epine	.													
DoseEpine	.													
2. Norepinephrine (mcg/kg/min)	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Norepine</td> <td style="width: 5%;">.</td> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 10%;"></td> </tr> </table>	Norepine	.				<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">DoseNorepine</td> <td style="width: 5%;">.</td> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 10%;"></td> </tr> </table>	DoseNorepine	.			
Norepine	.													
DoseNorepine	.													
3. Phenylephrine (mcg/kg/min)	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Phenyle</td> <td style="width: 5%;">.</td> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 10%;"></td> </tr> </table>	Phenyle	.				<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">DosePhenyle</td> <td style="width: 5%;">.</td> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 10%;"></td> </tr> </table>	DosePhenyle	.			
Phenyle	.													
DosePhenyle	.													
4. Dopamine (mcg/kg/min)	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Dopamine</td> <td style="width: 5%;">.</td> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 10%;"></td> </tr> </table>	Dopamine	.				<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">DoseDopamine</td> <td style="width: 5%;">.</td> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 10%;"></td> </tr> </table>	DoseDopamine	.			
Dopamine	.													
DoseDopamine	.													
5. Dobutamine (mcg/kg/min)	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Dobutamine</td> <td style="width: 5%;">.</td> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 10%;"></td> </tr> </table>	Dobutamine	.				<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">DoseDobut</td> <td style="width: 5%;">.</td> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 10%;"></td> </tr> </table>	DoseDobut	.			
Dobutamine	.													
DoseDobut	.													
6. Vasopressin (units/hr)	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Vasopressin</td> <td style="width: 5%;">.</td> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 10%;"></td> </tr> </table>	Vasopressin	.				<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">DoseVaso</td> <td style="width: 5%;">.</td> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 10%;"></td> </tr> </table>	DoseVaso	.			
Vasopressin	.													
DoseVaso	.													
7. Other, specify	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">OtherPressors</td> <td style="width: 5%;">.</td> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 10%;"></td> </tr> </table>	OtherPressors	.				<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">DoseOtherPress</td> <td style="width: 5%;">.</td> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 10%;"></td> </tr> </table>	DoseOtherPress	.			
OtherPressors	.													
DoseOtherPress	.													
<table border="1" style="width: 100%; height: 40px; margin-bottom: 5px;"></table> <table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">OtherPressDesc</td> <td style="width: 5%;">.</td> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 10%;"></td> </tr> </table>					OtherPressDesc	.								
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HemoCRRT

L. Did patient have hemodialysis or ≤ 24 hrs of CRRT prior to randomization? ----- Yes  No   
If yes, enter the following data with values obtained before that dialysis or CRRT prior to randomization and complete Form 09.

IntubateMech

1. Patient was intubated or on mechanical ventilation ----- Yes  No

2. Platelet count **PlateletsPR** [ ][ ] , [ ][ ][ ] ,000 cells/mm **PlateletPRDate** [ ][ ][ ][ ] Date Obtained (mm/dd/yy)  N/A\* **PlateletsPRNA**

3. Leukocytes ---- **LeukoPR** [ ][ ][ ] , [ ][ ] 00 cells/mm<sup>3</sup> **LeukoPRDate** [ ][ ][ ][ ]  **LeukoPRNA**

4. Bilirubin ---- **BilirubinPR** [ ][ ] . [ ][ ] mg/dL **BiliPRDate** [ ][ ][ ][ ]  **BilirubinPRNA**

5. Bleeding diathesis ----- **BleedingPR** Yes  No

6. Serum creatinine ---- **CreatPR** [ ][ ] . [ ][ ] mg/dL **CreatPRDate** [ ][ ][ ][ ]  **CreatPRNA**

7. BUN ----- **BunPR** [ ][ ][ ] . [ ][ ] mg/dL **BunPRDate** [ ][ ][ ][ ]  **BunPRNA**

M. Glucose Management

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

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

N. Glucocorticoid Therapy

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

If yes, a. Dose in hydrocortisone equivalents (see Ops manual). Check one.

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

O. Gastrointestinal Complications at the Time of Initiation of RRT

- 1. Cholecystitis with perforation ----- **GICholecystitis** Yes  No
- 2. GI bleeding requiring >2 units of blood over 24 hours ----- **GI Bleeding** Yes  No
- 3. Necrotizing enterocolitis ----- **NecroEntero** Yes  No
- 4. Necrotizing pancreatitis ----- **NecroPancreat** Yes  No

Staff Initials

StaffInits

[ ][ ][ ]