

ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)

FORM 06 - BASELINE SCORES AND LABORATORY VALUES DateHospital

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PatID

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PatInits

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Date Form Completed (mm/dd/yy)

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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 Temperature

 a. Scale used (check one) ----- ☐ Celsius ☐ Fahrenheit Scale

 2. Heart Rate beats/min HeartRate

3. Respiratory Rate

 a. spontaneous Spontaneous breaths/min
NoVentilator
 b. ventilator setting BreathPerMin breaths/min ☐ not on ventilator

 4. Blood Pressure (systolic/diastolic) Systolic / mmHg Diastolic

 5. Mean Arterial Pressure as read from monitoring system MeanArtPres mmHg ☐ N/A* MeanArtPressNA

 6. Transcutaneous Hemoglobin Oxygen Saturation (SaO₂) % SaO

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

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

If Yes,

1. Specify mode (choose one):

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

a. Set tidal volume mL TidalVolume

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b. Plateau airway pressure cm H₂O PlateauAirwayPress

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c. PEEP cm H₂O Peep

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d. FiO₂ % MVFiO

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

a. Set inspiratory pressure cm H₂O InspiratoryPress

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b. Tidal volume ml PCTidalVolum

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c. PEEP cm H₂O PCPeep

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d. FiO₂ % PCFiO

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

a. Pressure support level cm H₂O PSSuppoLevel

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b. Tidal Volume mL PSTidalVolum

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c. PEEP cm H₂O PSPeep

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d. FiO₂ % PSFiO

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

If Yes,

1. Arterial pH ArtpH

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2. PaCO₂ mmHg PaCO

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3. PaO₂ mmHg PaO

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4. FiO₂ (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**

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 mmHg ☐ N/A* **CVPNA**4. Pulmonary artery pressure (systolic/diastolic) **PASystolic**

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 /

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 mmHg ☐ N/A***PADiastolic** **PADiastolicNA**5. Pulmonary capillary occlusion pressure **PCOPress**

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 mmHg ☐ N/A***PCONA****F. Glasgow Coma Score**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**

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 g/dL ☐ N/A* **HemoNA**2. Hematocrit **Hematocrit**

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 % ☐ N/A* **HematocritNA**3. Platelet Count **Platelets**

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 ,000 cells/mm³ ☐ N/A* **PlateletsNA**4. White Blood Cell Count **WBC**

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 00 cells/mm³ ☐ N/A* **WBCNA**

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H. Coagulation

1. INR ----- INR

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☐ N/A* INRNA
2. Partial thromboplastin time (PTT) ----- PTT

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 sec ☐ N/A* PTTNA
3. Upper limit of normal PTT ----- UpperPTT

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 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

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 mL per

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 hours
2. Serum creatinine ----- SerumCreat

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 mg/dL

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 Date Obtained
3. BUN at admission ----- AdmitBUN

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 mg/dL

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 Date Obtained
4. Most recent BUN ----- RecentBUN

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 mg/dL

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 Date Obtained

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

1. Total bilirubin ----- Bilirubin

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 mg/dL

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 N/A* ☐
2. SGOT (AST) ----- SGOT

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 U/L

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 SGOTDate

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 SGOTNA ☐
3. SGPT (ALT) ----- SGPT

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 U/L

--	--

 SGPTDate

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 SGPTNA ☐
4. Alkaline phosphatase ----- Alka

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 U/L

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 AlkaDate

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 AlkaNA ☐
5. Albumin ----- Album

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 g/dL

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 AlbumDate

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 AlbumNA ☐
- a. Lower limit of normal

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 g/dL AlbumLower
6. Total cholesterol ----- Cholest

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 mg/dL

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 CholestDate

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 CholestNA ☐
7. Serum sodium ----- Sodium

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 mEq/L

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 SodiumDate

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 SodiumNA ☐
8. Serum potassium ----- Potassium

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 mEq/L

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 PotassiumDate

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 PotassiumNA ☐
9. Total CO₂ ----- HCO

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 mEq/L

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 HCODate

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 HCONA ☐

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J. Chemistry (continued)

10. Serum calcium---	<input type="text" value="SerumCalcium"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	mg/dL	Date Obtained(mm/dd/yy)	<input type="text" value="SerumCalciumDate"/>	<input type="checkbox"/>	N/A*
									<input type="checkbox"/>	SerumCalciumNA
11. Ionized calcium---	<input type="text" value="IonizedCalcium"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>			<input type="text" value="IonizedCalciumDate"/>	<input type="checkbox"/>	
a. Measurement obtained in (check one):									<input type="checkbox"/>	IonizedCalciumNA
	<input type="checkbox"/> mEq/L	<input type="checkbox"/> mmol/L	<input type="text" value="IonizCalMeasure"/>							
12. Serum PO ₄ ---	<input type="text" value="SerumPO"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	mg/dL		<input type="text" value="SerumPODate"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	SerumPONA
13 Magnesium-----	<input type="text" value="Magnesium"/>	<input type="text"/>	.	<input type="text"/>	mg/dL			<input type="text" value="MagnesiumDate"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	MagnesiumNA

K. Pressors for 1 hour or more

		Yes	No	Dose	
1. Epinephrine (mcg/kg/min) -----	<input type="text" value="Epine"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text" value="DoseEpine"/>
2. Norepinephrine (mcg/kg/min)-----	<input type="text" value="Norepine"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text" value="DoseNorepine"/>
3. Phenylephrine (mcg/kg/min) -----	<input type="text" value="Phenyle"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text" value="DosePhenyle"/>
4. Dopamine (mcg/kg/min)-----	<input type="text" value="Dopamine"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text" value="DoseDopamine"/>
5. Dobutamine (mcg/kg/min)-----	<input type="text" value="Dobutamine"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text" value="DoseDobut"/>
6. Vasopressin (units/hr)-----	<input type="text" value="Vasopressin"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text" value="DoseVaso"/>
7. Other, -----	<input type="text" value="OtherPressors"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text" value="DoseOtherPress"/>
specify					
	<input type="text" value="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 ☐

		Date Obtained (mm/dd/yy)											
2. Platelet count	PlateletsPR	<table border="1"><tr><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td></tr></table> , 000 cells/mm							PlateletPRDate	<table border="1"><tr><td></td><td></td><td></td></tr></table> N/A* PlateletsPRNA			
3. Leukocytes ----	LeukoPR	<table border="1"><tr><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td></tr></table> 00 cells/mm ³							LeukoPRDate	<table border="1"><tr><td></td><td></td><td></td></tr></table> LeukoPRNA			
4. Bilirubin ----	BilirubinPR	<table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td><td></td></tr></table> mg/dL					BiliPRDate	<table border="1"><tr><td></td><td></td><td></td></tr></table> BilirubinPRNA					
5. Bleeding diathesis -----	BleedingPR	Yes <input type="checkbox"/> No <input type="checkbox"/>											
6. Serum creatinine ----	CreatPR	<table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td><td></td></tr></table> mg/dL					CreatPRDate	<table border="1"><tr><td></td><td></td><td></td></tr></table> CreatPRNA					
7. BUN -----	BunPR	<table border="1"><tr><td></td><td></td><td></td></tr></table> . <table border="1"><tr><td></td><td></td></tr></table> mg/dL						BunPRDate	<table border="1"><tr><td></td><td></td><td></td></tr></table> BunPRNA				

M. Glucose Management

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

2. Blood glucose concentration obtained closest to 8am.

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 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 ----- **GI Cholecystitis** 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

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