

VA WEST HAVEN CSP530
ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)
FORM 15 - DIALYSIS CATHETER INSERTION FORM

Hospital

PatID

PatInits

Date Catheter Inserted (mm/dd/yy)

Date

Catheter No.

This Date

CathNo

NOTE: COMPLETE THIS FORM FOR EACH DIALYSIS CATHETER INSERTION/CHANGE. USE ONE FORM FOR EACH DIALYSIS CATHETER.

1. Catheter number over the entire study period. TotalCathNo

(e.g., first study catheter = 01, second study catheter = 02, ..., tenth study catheter = 10, ..., fifteenth study catheter=15)

2. Time dialysis catheter inserted CathTime CathTimeUnk

a. Military time hours

b. Time unknown

3. Dialysis catheter placed through existing vascular access site ExistingVacSite yes no

4. Dialysis catheter placed through new vascular access site ----- NewVascSite yes no

5. Tunneled Catheter ----- NumLumens ----- TunnelCath yes no

6. Number of lumens (choose one) : Two Other, specify

CathType

7. Catheter Type (see Ops Manual)

NumLumensDesc

8. Location of dialysis catheter (choose one):

CathLocate subclavian

internal jugular

femoral

other, specify

CathLocDesc

ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)

Annotated form 6095354451

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Hospital	PatID	PatInits	Date	Catheter No.
[][][]	[][][]	[][][]	Date Catheter Inserted (mm/dd/yy)	This Date
[][][]	[][][]	[][][]	[][] / [][] / [][]	[][] CathNo

9. Insertion complications within 24 hours of catheter placement.

If yes, check if it was an SAE*

- | | No | Yes | |
|---|--------------------------|--------------------------|---|
| a. catheter-related infection----- CathRelInfect | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> CathRelInfectSAE |
| b. cardiac arrythmia ----- CardiArryth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> CardiArrythSAE |
| c. pneumothorax ----- Pneumothorax | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> PneumoSAE |
| d. hemothorax ----- HemoTho | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> HemothoSAE |
| e. inadvertent arterial puncture----- Inadvertent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> InadvertSAE |
| f. excess bleeding at insertion site --- ExcessBleed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ExcessBleedSAE |
| g. local venous thrombosis ----- LocalVenThromb | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> LocalVenThrombSAE |
| h. venous thromboembolism ----- VenousThromb | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> VenousThrombSAE |
| i. air embolism ----- AirEmbolism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> AirEmbolismSAE |
| j. other ----- OtherComp | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> OtherCompSAE |

If other, specify

OtherCompDesc

10. Late complications (>24 hours from placement to 3 days after removal).

If yes, check if it was an SAE*

- | | No | Yes | |
|--|--------------------------|--------------------------|---|
| a. catheter-related infection ----- LateCathInfect | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> LateCathInfectSAE |
| b. cardiac arrythmia ----- LateCardiArryth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> LateCardiArrythSAE |
| c. pneumothorax ----- LatePneumothorax | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> LatePneumoSAE |
| d. hemothorax ----- LateHemoTho | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> LateHemothoSAE |
| e. inadvertent arterial puncture... LateInadvertent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> LateInadvertSAE |
| f. catheter-associated bacteremia LateBacteremia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> LateBacteremiaSAE |
| g. excess bleeding at insertion sit LateExcessBleed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> LateExcessBleedSAE |
| h. local venous thrombosis ----- LateLocalThromb | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> LateLocalThrombSAE |
| i. venous throembolism ----- LateVenousThromb | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> LateVenousThrombSAE |
| j. air embolism ----- LateAirEmbolism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> LateAirEmbolismSAE |
| k. other ----- LateOtherComp | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> LateOtherCompSAE |

If other, specify

LateOtherCompDesc

*NOTE: IF ANY OF THE COMPLICATIONS WERE SERIOUS ADVERSE EVENTS, CHECK THE SAE BOX FOR THE EVENT AND COMPLETE FORM 16 FOR EACH SAE.

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PatInits
[][][]

Date Catheter Inserted (mm/dd/yy)
[][] / [][] / [][]

Catheter No.
This Date
[][] CathNo

11. Date and time catheter removed CathRemoveDate

Date

a. Date [][] / [][] / [][] (mm/dd/yy)

b. Military time [][][][] hours CathRemoveTime

CathRemoveTimeUnk

c. Time unknown

12. Reason catheter removed (choose one):

catheter complication

ReasonCathRemove

catheter malfunction

routine line change

catheter-associated bacteremia

exit site infection

recovery of renal function (catheter no longer required)

ReasonDesc

other, specify

[]

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

Date

Catheter No.

This Date

[][] CathNo

13. Were cultures obtained?----- Cultures yes no

If yes,

a. Exit site cultured?----- ExitSiteCult yes no

If yes, culture results (See Ops Manual):

1. organism 1 [][] ExitOrgan1

2. organism 2 [][] ExitOrgan2

3. organism 3 [][] ExitOrgan3

4. organism 4 [][] ExitOrgan4

CathTipCulture

b. Catheter tip cultured?----- yes no

If yes, culture results (See Ops Manual):

1. organism 1 [][] TipOrgan1

cfu [][][][] TipCFU1

2. organism 2 [][] TipOrgan2

cfu [][][][] TipCFU2

3. organism 3 [][] TipOrgan3

cfu [][][][] TipCFU3

4. organism 4 [][] TIPOrgan4

cfu [][][][] TipCFU4

c. Blood cultures obtained for catheter associated bacteremia?----- yes no BloodCulture

If yes, culture results (see Ops Manual):

1. organism 1 [][] BloodOrgan1

2. organism 2 [][] BloodOrgan2

3. organism 3 [][] BloodOrgan3

4. organism 4 [][] BloodOrgan4

FormDate

Date of Form Completion

[][] / [][] / [][] (mm/dd/yy)

StaffInits

Staff Initials

[][][]