

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 unknown3. Dialysis catheter placed through existing vascular access site ExistingVacSite ☐ yes ☐ no4. Dialysis catheter placed through new vascular access site ----- NewVascSite ☐ yes ☐ no5. Tunneled Catheter ----- NumLumens ----- TunnelCath ☐ yes ☐ no6. 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

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			Date Catheter Inserted (mm/dd/yy)	This Date
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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 arrhythmia ----- 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 arrhythmia ----- 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 site 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.

VA WEST HAVEN CSP530
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PatInits

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		/			/		
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Catheter No.

This Date

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CathNo

11. Date and time catheter removed CathRemoveDate

Date

a. Date

		/			/			(mm/dd/yy)
--	--	---	--	--	---	--	--	------------

b. Military time

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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 Inserted (mm/dd/yy)

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Date

Catheter No.

This Date

		CathNo
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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

--	--

 ExitOrgan12. organism 2

--	--

 ExitOrgan23. organism 3

--	--

 ExitOrgan34. organism 4

--	--

 ExitOrgan4

CathTipCulture

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

If yes, culture results (See Ops Manual):

1. organism 1

--	--

 TipOrgan12. organism 2

--	--

 TipOrgan23. organism 3

--	--

 TipOrgan34. organism 4

--	--

 TIPOrgan4cfu

--	--	--	--	--

 TipCFU1cfu

--	--	--	--	--

 TipCFU2cfu

--	--	--	--	--

 TipCFU3cfu

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 TipCFU4c. Blood cultures obtained for catheter associated bacteremia?----- ☐ yes ☐ no BloodCulture

If yes, culture results (see Ops Manual):

1. organism 1

--	--

 BloodOrgan12. organism 2

--	--

 BloodOrgan23. organism 3

--	--

 BloodOrgan34. organism 4

--	--

 BloodOrgan4

FormDate

Date of Form Completion

		/			/		
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 (mm/dd/yy)

StaffInits

Staff Initials

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