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VA WEST HAVEN CSP 530
ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)
FORM 06 – BASELINE SCORES AND LABORATORY VALUES

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Hospital No. ☐☐☐   Patient ID ☐☐☐   Patient Initials ☐☐☐   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_2) ☐☐☐ %

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 anwer question C.3.)

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

    ☐ Other invasive mechanical ventilation (intubated)

    ☐ Non-invasive mechanical ventilation (non-itubated)

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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

    b. Plateau airway pressure _____ cm H_2O

    c. PEEP _____ cm H_2O

    d. FiO_2 _____ %

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

    a. Set inspiratory pressure _____ cm H_2O

    b. Tidal volume _____ ml

    c. PEEP _____ cm H_2O

    d. FiO_2 _____ %

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

    a. Pressure support level _____ cm H_2O

    b. Tidal Volume _____ mL

    c. PEEP _____ cm H_2O

    d. FiO_2 _____ %

D. Arterial Blood Gas obtained? _____ Yes ☐   No ☐
   If Yes,

    1. Arterial pH _____ ☐.☐☐

    2. $PaCO_2$ _____ mmHg

    3. PaO_2 _____ mmHg

    4. FiO_2 (percent) _____ %

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E. 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*

F. Glasgow Coma Score

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

2. Best Eye Response (check one)

☐ No eye opening   ☐ Eye opening to verbal command

☐ Eye opening to pain   ☐ Eyes open spontaneously

3. Best Motor Response (check one)

☐ No motor response   ☐ Withdrawal from pain

☐ Extension to pain   ☐ Localizes pain

☐ Flexion to pain   ☐ Obeys commands

4. Best Verbal Response (check one)

a. Non-Intubated   b. Intubated

☐ No verbal response   ☐ Generally unresponsive

☐ Incomprehensible sounds   ☐ Questionable ability to talk

☐ Inappropriate words   ☐ Seems able to talk

☐ Converses/Confused

☐ Converses/Orientated

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

1. Hemoglobin -- ☐☐.☐ g/dL   ☐ N/A*

2. Hematocrit -- ☐☐.☐ %   ☐ N/A*

3. Platelet Count -------------------------------------- ☐,☐☐☐,000 cells/mm^3 ☐ N/A*

4. White Blood Cell Count ------------------------------ ☐☐☐,☐00 cells/mm^3 ☐ N/A*

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H. Coagulation

1. INR ---- ☐ . ☐   ☐ N/A*

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

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

4. Is patient having active bleeding (see Ops manual)? ---- Yes ☐   No ☐

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

1. Daily urine volume ---- ☐☐☐☐ mL   per   ☐☐ hours

2. Serum creatinine ---- ☐☐ . ☐ mg/dL   ☐☐ / ☐☐ / ☐☐ Date Obtained

3. BUN at admission ---- ☐☐ mg/dL

4. Most recent BUN ---- ☐☐ mg/dL   ☐☐ / ☐☐ / ☐☐ Date Obtained

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

	Value	Date Obtained (mm/dd/yy)	N/A*
1. Total bilirubin	☐☐ . ☐ mg/dL	☐☐ / ☐☐ / ☐☐	☐
2. SGOT (AST)	☐☐☐☐ U/L	☐☐ / ☐☐ / ☐☐	☐
3. SGPT (ALT)	☐☐☐☐ U/L	☐☐ / ☐☐ / ☐☐	☐
4. Alkaline phosphatase	☐☐☐☐ U/L	☐☐ / ☐☐ / ☐☐	☐
5. Albumin	☐ . ☐ g/dL	☐☐ / ☐☐ / ☐☐	☐
a. Lower limit of normal	☐ . ☐ g/dL		
6. Total cholesterol	☐☐☐ mg/dL	☐☐ / ☐☐ / ☐☐	☐
7. Serum sodium	☐☐☐ mEq/L	☐☐ / ☐☐ / ☐☐	☐
8. Serum potassium	☐ . ☐ mEq/L	☐☐ / ☐☐ / ☐☐	☐
9. Total CO_2	☐☐ . ☐ mEq/L	☐☐ / ☐☐ / ☐☐	☐

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J. Chemistry (continued)

Date Obtained (mm/dd/yy)

N/A*

10. Serum calcium $\cdots\cdots$ ☐☐.☐ mg/dL　　☐☐ / ☐☐ / ☐☐　　☐

11. Ionized calcium $\cdots\cdots$ ☐.☐☐　　☐☐ / ☐☐ / ☐☐　　☐

    a. Measurement obtained in (check one):

      ☐ mEq/L　　☐ mmol/L

12. Serum PO_4 $\cdots\cdots$ ☐☐.☐ mg/dL　　☐☐ / ☐☐ / ☐☐　　☐

13. Magnesium $\cdots\cdots$ ☐.☐ mg/dL　　☐☐ / ☐☐ / ☐☐　　☐

K. Pressors for 1 hour or more

	Yes	No	Dose
1. Epinephrine (mcg/kg/min)	☐	☐	☐.☐☐
2. Norepinephrine (mcg/kg/min)	☐	☐	☐.☐☐
3. Phenylephrine (mcg/kg/min)	☐	☐	☐.☐☐
4. Dopamine (mcg/kg/min)	☐	☐	☐☐.☐
5. Dobutamine (mcg/kg/min)	☐	☐	☐☐.☐
6. Vasopressin (units/hr)	☐	☐	☐☐.☐
7. Other, specify	☐	☐	☐☐.☐☐

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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.

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

Date Obtained (mm/dd/yy)   N/A*

   2. Platelet count --------- ☐,☐☐☐ ,000 cells/mm   ☐☐ / ☐☐ / ☐☐   ☐

   3. Leukocytes ------------ ☐☐,☐ 00 cells/mm^3 ☐☐ / ☐☐ / ☐☐   ☐

   4. Bilirubin ------------- ☐☐.☐ mg/dL   ☐☐ / ☐☐ / ☐☐   ☐

   5. Bleeding diathesis ----------------- Yes ☐   No ☐

   6. Serum creatinine ------- ☐☐.☐ mg/dL   ☐☐ / ☐☐ / ☐☐   ☐

   7. BUN ------------------- ☐☐☐.☐ mg/dL   ☐☐ / ☐☐ / ☐☐   ☐

M. Glucose Management

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

   2. Blood glucose concentration obtained closest to 8am. ☐,☐☐☐ mg/dL

N. Glucocorticoid Therapy

   1. Is patient receiving glucocorticoids? -- 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
         ☐ >100mg-300mg/day
         ☐ >300mg/day

O. Gastroinstestinal Complications at the Time of Initiation of RRT

   1. Cholecystitis with perforation --- Yes ☐   No ☐

   2. GI bleeding requiring >2 units of blood over 24 hours ------------------------- Yes ☐   No ☐

   3. Necrotizing enterocolitis -- Yes ☐   No ☐

   4. Necrotizing pancreatitis --- Yes ☐   No ☐

Staff Initials ☐☐☐