VA WEST HAVEN CSP 530
ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)
FORM 04 - BASELINE FORM

Hospital | PatID | PatInits | Date Form Completed (mm/dd/yy) Date

COMPLETE THIS FORM BETWEEN RANDOMIZATION AND FIRST STUDY TREATMENT

A. Primary Diagnosis at Time of Onset of ARF

1. Diagnosis PrimDx1

PrimDx2

2. Is patient post "open" surgical procedure? Yes ☐ No ☐ PostSurgicalProc

B. Primary treating service (check one) PrimaryTreat

☐ Medical ☐ Surgical ☐ Other, specify PrimTreatDesc

C. ARF Information

1. Etiology of Acute Renal Failure:
   a. Ischemic Ischemic Yes ☐ No ☐
   b. Nephrotoxic Yes ☐ No ☐ Nephrotoxic
   c. Sepsis Sepsis Yes ☐ No ☐
   d. Multifactorial Yes ☐ No ☐ Multifactorial

D. Hospitalization History

1. Date of Current Hospital Admission CurrAdmitDate __/__/__ mm/dd/yy
2. Date of ICU Admission ICUAdmitDate __/__/__ mm/dd/yy
3. Was patient transferred from an outside hospital? Transfer Yes ☐ No ☐
4. Patient was admitted from: (choose one) AdmitFrom
   ☐ Home
   ☐ Skilled Nursing Facility
   ☐ Assisted Living Facility
   ☐ Other (specify) AdmitDesc

E. Demographic Information

1. Date of birth DOB __/__/__ (mm/dd/yy)
2. Age (years) Age ___ years
3. Gender Gender ☐ Male ☐ Female

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4. Racial/Ethnic Origin (check one) Race

- ☐ White, not of Hispanic Origin
- ☐ Black, not of Hispanic Origin
- ☐ Hispanic
- ☐ Asian
- ☐ Pacific Islander
- ☐ American Indian/Alaskan Native
- ☐ Other

F. Military Service History

1. Has the patient ever served in the U.S. military? MilitaryServ ---- Yes ☐ No ☐ N/A* ☐
   If yes, complete rest of Section F
   If no or N/A, skip to Section G

2. Active duty Activeduty ---- Yes ☐ No ☐ N/A* ☐

3. Reserves only Reserves ---- Yes ☐ No ☐ N/A* ☐

4. When did the patient serve (check all that apply)

- WWI ☐ World War I
- WWII ☐ World War II
- Korean ☐ Korean Conflict
- Vietnam ☐ Vietnam Conflict
- Balkans ☐ Balkans Conflict
- ☐ Afghanistan Conflict Afghan
- ☐ Gulf War Gulf
- ☐ Peace Time Peace
- ☐ Information not available InfoNA
- Other ☐ Other War/Conflict (specify)

WarConflictDesc

5. Did the patient serve outside the United States? OutsideUS ---- Yes ☐ No ☐ N/A* ☐

6. What was the branch of service (check all that apply)

- Army ☐ Army
- Air ☐ Air Force
- Navy ☐ Navy
- Marines ☐ Marines
- Coast ☐ Coast Guard
- ☐ National Guard NatGuard
- ☐ Information not available InforNA

G. Medical History

1. Cardiovascular disease

		Yes	No	N/A*
a. Documented myocardial infarction	MI	☐	☐	☐
b. Angina	Angina	☐	☐	☐
i. Symptoms at rest	AnginaSymptoms	☐	☐	☐
c. Congestive Heart Failure	CHF	☐	☐	☐
i. Symptoms at rest	CHFSymptoms	☐	☐	☐

*N/A means Information Not Available

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	Yes	No	N/A*	
2. Peripheral Vascular Disease (includes untreated aortic aneurysm >= 6cm)	☐	☐	☐	PVD
3. Cerebrovascular Disease				
a. TIA's	☐	☐	☐	TIA
b. CVA with minor or no residual defect — CVAMinor	☐	☐	☐	
c. CVA with residual hemiplegia — CVAMajor	☐	☐	☐	
4. Dementia (includes cognitive deficits) — Dementia	☐	☐	☐	
5. Chronic Pulmonary Disease				
a. Chronic hypoxemia — ChronHypoxemia	☐	☐	☐	
b. Hypercapnia — Hypercapnia	☐	☐	☐	
c. Secondary polycythemia — Ploycythmia	☐	☐	☐	
d. Severe pulmonary hypertension — Hypertension	☐	☐	☐	
e. Chronic ventilator dependence — CVD	☐	☐	☐	
6. Connective Tissue Disorder — CTD	☐	☐	☐	
7. Peptic Ulcer Disease (with or without bleeding) — Ulcer	☐	☐	☐	
8. Chronic liver disease				
a. Mild liver disease - chronic hepatitis or cirrhosis without portal HTN — MildLiverDisease	☐	☐	☐	
b. Moderate or severe liver disease (cirrhosis with portal HTN, with or without variceal bleeding) — LiverDisease	☐	☐	☐	
c. Encephalopathy — Encephalopathy	☐	☐	☐	
9. Diabetes Mellitus				
a. Treated with diet alone — DMDiet	☐	☐	☐	
b. Treated with oral hypoglycemic agents or insulin	☐	☐	☐	DMMeds
c. With end-organ disease (retinopathy or neuropathy) — DMEndOrganDis	☐	☐	☐	
10. Malignancy				
a. Solid tumor without metastases — MaligNoMetast	☐	☐	☐	
b. Solid tumor with metastases — MaligMetast	☐	☐	☐	
c. Leukemia or lymphoma	☐	☐	☐	Leukemic
11. Immune-suppressed				
a. HIV+ (not AIDS) — HIV	☐	☐	☐	
b. AIDS (not just HIV+)	☐	☐	☐	AIDS
c. On immunosuppression — ImmunoTherapy	☐	☐	☐	
d. Other immune compromised state — ImmuneCompromise	☐	☐	☐	

*N/A means Information Not Available

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H. Physical Exam

1. Pre-morbid Body Weight ____ . ____ kg Weight
2. Pre-morbid Height ____ inches Height
3. Ideal Body Weight ____ . ____ kg IdealWeight

a. If actual pre-morbid body weight is >30% above ideal body weight, enter adjusted pre-morbid weight (see Ops Manual) ____ . ____ kg AdjustedWeight

4. Blood Pressure Systolic

Systolic BP ____ mmHg Diastolic BP ____ mmHg Diastolic

I. Nutrition Management

NPO

1. NPO ☐ Yes ☐ No

2. Oral Supplements OralSupp ☐ Yes ☐ No

a. Type of Supplement (see Ops Manual for codes) ____ TypeSupp

b. Number of mL administered per day OralSuppmL ____ mL

3. Tube Feed TubeFeed ☐ Yes ☐ No

a. Formulation (see Ops Manual for codes) Formulation ____

b. Number of mL administered per day TubeFeedmL ____ mL

4. TPN ☐ Yes ☐ No TPN

a. Calories/day Calories ____

b. Protein/day Protein ____ grams

c. Lipids/day Lipids ____ grams

NOTE: Complete the Patient Contact Information Form (Form 05), Baseline Scores and Labs Form (Form 06) and Release of Information Form (Form 14) for this patient.

StaffInits

Staff Initials ____