

ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)  
FORM 07 - STUDY DAY SCORES AND LABORATORY VALUES

Hospital No.

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Patient ID

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Patient Initials

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Study Day Date (mm/dd/yy)

		/			/		
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A. Study Day (day 01-14, 21, or 28) -----

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B. Vital Signs

1. Temperature (in degrees C or F) -----

			.	
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Degrees

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

2. Heart Rate -----

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beats/min

3. Respiratory Rate -----

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breaths/min

4. Blood Pressure (systolic/diastolic) -----

			/			
--	--	--	---	--	--	--

mmHg

5. Mean Arterial Pressure as read from monitoring system -----

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mmHg

☐ N/A\*6. Transcutaneous Hemoglobin Oxygen Saturation (SaO<sub>2</sub>) -----

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%

C. Fluid Intake and Output

1. 24-hour intake in mL -----

--	--	--	--	--	--

mL

2. 24-hour output in mL -----

--	--	--	--	--	--

mL

3. Duration of intake and output record if &lt; 24 hours -----

--	--

hours

D. Patient intubated or has tracheostomy? ----- Yes ☐ No ☐E. Patient on mechanical ventilation? ----- Yes ☐ No ☐

If Yes,

1. Specify (check one):

☐ Invasive mechanical ventilation (intubated)☐ Non-invasive mechanical ventilation (non-intubated)

\*N/A means Not Available

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F. Arterial Blood Gas Obtained? ..... Yes ☐ No ☐

If obtained,

1. Arterial pH ..... 

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--	--
2. PaCO<sub>2</sub> ..... 

--	--

 mmHg
3. PaO<sub>2</sub> ..... 

--	--	--

 mmHg
4. FiO<sub>2</sub> (percent) ..... 

--	--	--

 %

## G. Hemodynamic Monitoring

1. CVP catheter? ..... Yes ☐ No ☐
2. Pulmonary artery catheter? ..... Yes ☐ No ☐
3. CVP ..... 

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

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 / 

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 mmHg ☐ N/A\*
5. Pulmonary capillary occlusion pressure ..... 

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 mmHg ☐ N/A\*

\*N/A means Not Available

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## H. 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

☐ No verbal response☐ Incomprehensible sounds☐ Inappropriate words☐ Converses/Confused☐ Converses/Orientated

b. Intubated

☐ Generally unresponsive☐ Questionable ability to talk☐ Seems able to talk

## I. Hematology/Coagulation

1. Hemoglobin..... 

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 . 

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 g/dL ☐ N/A\*2. White blood cell count..... 

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 , 

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 00 cells/mm<sup>3</sup> ☐ N/A\*3. Platelet Count..... 

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 , 

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 , 000 cells/mm<sup>3</sup> ☐ N/A\*4. Is patient having active bleeding?..... Yes ☐ No ☐

## J. Renal Function

1. Daily urine volume..... 

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 mL per 

--	--

 hours2. Serum creatinine..... 

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 . 

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 mg/dL ☐ N/A\*3. BUN..... 

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 mg/dL ☐ N/A\*4. Was a 6-hour urine collection performed? (See Ops Manual).... Yes ☐ No ☐

If Yes,

a. Urine volume..... 

--	--	--	--

 mLb. Urine creatinine..... 

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 . 

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 mg/dL

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## K. Chemistry

N/A\*

- |  |  |  |  |                          |                          |                          |
|--|--|--|--|--------------------------|--------------------------|--------------------------|
| 1. Total bilirubin .....   | <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> mg/dL |  |  |                          | <input type="checkbox"/> |                          |
|  |  |  |  |                          |                          |                          |
|  |  |  |  |                          |                          |                          |
| 2. Albumin .....   | <table border="1"><tr><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> g/dL           |  |  | <input type="checkbox"/> |                          |                          |
|  |  |  |  |                          |                          |                          |
|  |  |  |  |                          |                          |                          |
| 3. Total cholesterol .....   | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> mg/dL                              |  |  |                          |                          | <input type="checkbox"/> |
|  |  |  |  |                          |                          |                          |
| 4. Serum sodium .....  | <table border="1"><tr><td></td><td></td><td></td></tr></table> mEq/L                                       |  |  |                          | <input type="checkbox"/> |                          |
|  |  |  |  |                          |                          |                          |
| 5. Serum potassium .....   | <table border="1"><tr><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> mEq/L          |  |  | <input type="checkbox"/> |                          |                          |
|  |  |  |  |                          |                          |                          |
|  |  |  |  |                          |                          |                          |
| 6. Total CO <sub>2</sub> .....   | <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> mEq/L |  |  |                          | <input type="checkbox"/> |                          |
|  |  |  |  |                          |                          |                          |
|  |  |  |  |                          |                          |                          |
| 7. Serum Calcium .....   | <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> mg/dL |  |  |                          | <input type="checkbox"/> |                          |
|  |  |  |  |                          |                          |                          |
|  |  |  |  |                          |                          |                          |
| 8. Ionized calcium .....   | <table border="1"><tr><td></td></tr></table> . <table border="1"><tr><td></td><td></td></tr></table>       |  |  |                          | <input type="checkbox"/> |                          |
|  |  |  |  |                          |                          |                          |
|  |  |  |  |                          |                          |                          |
| a. Measurement obtained in (check one): <input type="checkbox"/> mEq/L <input type="checkbox"/> mmol/L |  |  |  |                          |                          |                          |
| 9. Serum PO <sub>4</sub> .....   | <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> mg/dL |  |  |                          | <input type="checkbox"/> |                          |
|  |  |  |  |                          |                          |                          |
|  |  |  |  |                          |                          |                          |
| 10. Magnesium .....  | <table border="1"><tr><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> mg/dL          |  |  | <input type="checkbox"/> |                          |                          |
|  |  |  |  |                          |                          |                          |
|  |  |  |  |                          |                          |                          |

## L. Pressors for 1 hour or more (See Operations Manual for timing of data collection.)

- |   | Yes                      | No                       | Dose  |  |  |  |  |  |
|---|--------------------------|--------------------------|---|--|--|--|--|--|
| 1. Epinephrine (mcg/kg/min) .....   | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"><tr><td></td></tr></table> . <table border="1"><tr><td></td><td></td></tr></table>          |  |  |  |  |  |
|   |                          |                          |   |  |  |  |  |  |
|   |                          |                          |   |  |  |  |  |  |
| 2. Norepinephrine (mcg/kg/min) .....  | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"><tr><td></td></tr></table> . <table border="1"><tr><td></td><td></td></tr></table>          |  |  |  |  |  |
|   |                          |                          |   |  |  |  |  |  |
|   |                          |                          |   |  |  |  |  |  |
| 3. Phenylephrine (mcg/kg/min) .....   | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"><tr><td></td></tr></table> . <table border="1"><tr><td></td><td></td></tr></table>          |  |  |  |  |  |
|   |                          |                          |   |  |  |  |  |  |
|   |                          |                          |   |  |  |  |  |  |
| 4. Dopamine (mcg/kg/min) .....  | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table>          |  |  |  |  |  |
|   |                          |                          |   |  |  |  |  |  |
|   |                          |                          |   |  |  |  |  |  |
| 5. Dobutamine (mcg/kg/min) .....  | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table>          |  |  |  |  |  |
|   |                          |                          |   |  |  |  |  |  |
|   |                          |                          |   |  |  |  |  |  |
| 6. Vasopressin (units/hr) .....   | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table>          |  |  |  |  |  |
|   |                          |                          |   |  |  |  |  |  |
|   |                          |                          |   |  |  |  |  |  |
| 7. Other, .....   | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td><td></td></tr></table> |  |  |  |  |  |
|   |                          |                          |   |  |  |  |  |  |
|   |                          |                          |   |  |  |  |  |  |
| specify <table border="1" style="display: inline-table; width: 400px; height: 30px; vertical-align: middle;"></table> |                          |                          |   |  |  |  |  |  |

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## M. Nutrition Management

1. NPO ..... Yes ☐ No ☐2. Oral Supplements ..... Yes ☐ No ☐

a. Formulation 1

i. Type of Supplement (see Ops Manual for codes) .....

--	--	--

ii. Number of mL administered per day .....

--	--	--	--

mL

b. Formulation 2 (if formulation changed during the day)

i. Type of Supplement (see Ops Manual for codes) .....

--	--	--

ii. Number of mL administered per day .....

--	--	--	--

mL

3. Tube Feed ..... Yes ☐ No ☐

a. Formulation 1

i. Formulation (see Ops Manual for codes) .....

--	--	--

ii. Number of mL administered per day .....

--	--	--	--

mL

b. Formulation 2 (if formulation changed during the day)

i. Formulation (see Ops Manual for codes) .....

--	--	--

ii. Number of mL administered per day .....

--	--	--	--

mL

4. TPN ..... Yes ☐ No ☐

a. Calories/day .....

--	--	--	--

Calories

b. Protein/day .....

--	--	--

grams

c. Lipids/day .....

--	--	--

grams

## N. Glucose Management

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

2. Blood glucose concentration obtained closest to 8:00am.

	,			
--	---	--	--	--

mg/dL

## O. Glucocorticoid Therapy

1. Is patient receiving glucocorticoids? ..... Yes ☐ No ☐

(includes dexamethasone, hydrocortisone, prednisolone, methylprednisolone, prednisone)

a. If yes, dose in hydrocortisone equivalents (See Ops Manual). Check one.

- ☐ <30mg/day  
☐ 30-100mg/day  
☐ >100mg-300mg/day  
☐ >300mg/day

Date of Form Completion (mm/dd/yy)

		/			/		
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Staff Initials

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