

## ACUTE RENAL FAILURE TRIAL NETWORK (OBSERVATIONAL STUDY)

## FORM 23 - RENAL REPLACEMENT THERAPY - EACH TREATMENT

Hospital




PatID



Treatment Day  
Code 01,02,...,14

Treatment No.  
This Day

Date Form Completed (mm/dd/yy)


/ 

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TreatmentDay

TreatmentNo

Date

A. Time of day RRT started (military)





hours

TimeRRT

1. If on continuous therapy, is it continued from previous day? ----- ☐ Yes ☐ No

B. Selection of RRT Modality

ContinueRRT

1. Cardiovascular SOFA Score

CardioSofaScore

2. Type of RRT (check one)

TypeRRT

☐ Hemodialysis (complete section D)☐ CRRT (complete section E)☐ SLED (complete section D)☐ Isolated Ultrafiltration (complete section C)

## C. ISOLATED ULTRAFILTRATION

1. Indication for isolated ultrafiltration

a. Severe Edema ----- Edema ☐ Yes ☐ Nob. Lungs (check one) ----- Lungs ☐ Clear ☐ Pulmonary Vascular Congestionc. CVP ----- CVP  mmHgCVPNA ☐ N/A\*d. Pulmonary Artery Pressure (systolic/diastolic) PASystolic / PADiastolic  mmHgPASystoDiastoNA ☐ N/A\*e. Pulmonary Capillary Occlusion Pressure ----- PCOPress  mmHgPCOPressNA ☐ N/A\*f. Oxygenation ----- SaO<sub>2</sub>  % OR PaO<sub>2</sub>  mmHg PaOFiO<sub>2</sub>  % OR Oxygen flow rate  liters/min

2. Duration of ultrafiltration

DuraUltraFiltHr  hours

minutes

DuraUltraFiltIMin

3. Dialyzer (see Ops manual for codes) -----

Dialyzer 

4. Blood flow rate -----

BFR  mL/min

5. Pre-treatment weight

PreTreatWeight  kg☐ N/A\*

PreTreatWeightNA

6. Fluid removal -----

FluidRemoval  L

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Date

## D. HEMODIALYSIS or SLED

1. Dialyzer (see Ops Manual for codes) -----

HemoDialyzer

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DuraDialMin

2. Actual duration of dialysis (hours and minutes) -----

DuraDialHr

--	--

hours

--	--

mins

3. Blood flow rate (average achieved) -----

HemoBFR

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mL/min

4. Dialysate flow rate -----

HemoDFR

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mL/min

5. Pre-dialysis weight -----

PreDialWeight

			.	
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kg

PreDialWeightNA

☐ N/A\*

6. Net fluid removal (based on ultrafiltration monitor and administered fluids) -----

		.	
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L

NetFluidRemove

7. Assessment of dialysis adequacy performed? -----

PrePostDialBUN

Yes ☐ No ☐

If yes, a. BUN at initiation of today's treatment -----

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mg/dL

BUNInit

b. BUN at termination of today's treatment -----

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mg/dL

BUNTerm

c. Calculated spKt/V -----

	.		
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spKeV

8. Anticoagulation (choose one)

HemoAnticoag

☐ None ☐ Heparin ☐ Citrate ☐ Other, specify

HemoAnticoagDesc

9. Clotting of extracorporeal circuit requiring hemodialyzer replacement? -----

HemoClotting

☐ Yes ☐ No

10. a. Blood pressure at initiation of treatment

InitialSystolicBP

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InitialDiastolicBP

mmHg

b. Lowest documented blood pressure during treatment

LowSystolicBP

LowDiastolicBP

mmHg

## E. CRRT

1. Hemodiafilter (see Ops Manual for codes) -----

Diafilter

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2. Actual duration of therapy (hours and minutes)

CVVHDFDuraHr

hours

CVVHDFDuraMin

mins

3. Blood flow rate (prescribed) -----

CVVHDFBFR

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mL/min

4. Dialysate flow rate (prescribed)

CVVHDFDFR

--	--	--	--

mL/hour

b. Dialysate code

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Dialysate

(see Ops Manual)

5. Replacement fluid administration rate (prescribed)

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mL/hour

RFAR

b. Replacement Fluid Code

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(see Ops Manual)

ReplaceFluidCode

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Date

TreatmentDay

TreatmentNo

## E. CRRT (cont'd)

6. Ultrafiltration rate (prescribed) ----- UltraFiltRate 

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 mL/hour7. 24-hour effluent volume (actual) ----- EffluentVolume 

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 L

8. Anticoagulation (choose one) CVVHDFAntiCoag

☐ None    ☐ Heparin    ☐ Citrate    ☐ Other, specify

CVVHDFAntiCoagDesc

9. Clotting of extracorporeal circuit requiring hemodiafilter replacement? - CVVHDFClotting ☐ Yes ☐ No10. Number of hemodiafilters used during this 24-hour treatment period ----- 

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 CVVHDFDiafilters

## F. COMPLICATIONS OF THERAPY (complete for all types of RRT)

No    Yes

1. Anaphylactic reaction to dialyzer ("first-use" reaction) ----- Anaphylactic ☐ ☐2. Hypotension requiring initiation of pressor support during treatment --- HypoPresSupp ☐ ☐3. Hypotension requiring discontinuation of therapy ----- HypoDisco ☐ ☐4. Hypotension requiring other intervention ----- HypoOther ☐ ☐5. Air embolism ----- AirEmbolism ☐ ☐6. Bleeding (e.g., due to system disconnection or dialyzer rupture) ----- Bleeding ☐ ☐7. New onset of serious arrhythmia requiring discontinuation of therapy (e.g., rapid supraventricular tachycardia with hypotension, ventricular tachycardia) Arrythmia ☐ ☐8. Iatrogenic fluid and/or electrolyte imbalances ----- Iatrogenic ☐ ☐

a. If yes, type of imbalance (see OPs Manual)

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IatrogenicType

9. Seizures ----- Seizures ☐ ☐10. Other ----- OtherComplicat ☐ ☐

Specify:

OtherComplicatDesc1

OtherComplicatDesc2

Staff Initials

StaffInits

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