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VA WEST HAVEN CSP530
ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)
FORM 15 – DIALYSIS CATHETER INSERTION FORM

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Hospital No. ☐☐☐ Patient ID ☐☐☐ Patient Initials ☐☐☐ Date Catheter Inserted (mm/dd/yy) ☐☐ / ☐☐ / ☐☐ Catheter No. This Date ☐☐

> NOTE: COMPLETE THIS FORM FOR EACH DIALYSIS CATHETER INSERTION/CHANGE. USE ONE FORM FOR EACH DIALYSIS CATHETER.

1. Catheter number <u>over the entire study period</u>. ☐☐

   (e.g., first study catheter = 01, second study catheter = 02, ..., tenth study catheter = 10, ..., fifteenth study catheter=15)

2. Time dialysis catheter inserted

   a. Military time ☐☐☐☐ hours   b. ☐ Time unknown

3. Dialysis catheter placed through existing vascular access site ---------- ☐ yes   ☐ no

4. Dialysis catheter placed through new vascular access site ------------- ☐ yes   ☐ no

5. Tunneled Catheter --- ☐ yes   ☐ no

6. Number of lumens (choose one) :   ☐ Two   ☐ Other, specify ☐☐☐☐☐☐

7. Catheter Type ☐☐☐ (see Ops Manual)

8. Location of dialysis catheter (choose one):

   ☐ subclavian

   ☐ internal jugular

   ☐ femoral

   ☐ other, specify _____

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□□□	□□□	□□□	□□ / □□ / □□	□□

9. Insertion complications within 24 hours of catheter placement.

	No	Yes	If yes, check if it was an SAE*
a. catheter-related infection	□	□	□
b. cardiac arrythmia	□	□	□
c. pneumothorax	□	□	□
d. hemothorax	□	□	□
e. inadvertent arterial puncture	□	□	□
f. excess bleeding at insertion site	□	□	□
g. local venous thrombosis	□	□	□
h. venous thromboembolism	□	□	□
i. air embolism	□	□	□
j. other	□	□	□

If other, specify [   ]

10. Late complications (>24 hours from placement to 3 days after removal).

	No	Yes	If yes, check if it was an SAE*
a. catheter-related infection	□	□	□
b. cardiac arrythmia	□	□	□
c. pneumothorax	□	□	□
d. hemothorax	□	□	□
e. inadvertent arterial puncture	□	□	□
f. catheter-associated bacteremia	□	□	□
g. excess bleeding at insertion site	□	□	□
h. local venous thrombosis	□	□	□
i. venous throembolism	□	□	□
j. air embolism	□	□	□
k. other	□	□	□

If other, specify [   ]

*NOTE: IF ANY OF THE COMPLICATIONS WERE SERIOUS ADVERSE EVENTS, CHECK THE SAE BOX FOR THE EVENT AND COMPLETE FORM 16 FOR EACH SAE.

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☐☐☐	☐☐☐	☐☐☐	☐☐ / ☐☐ / ☐☐	☐☐

11. Date and time catheter removed

a. Date ☐☐ / ☐☐ / ☐☐ (mm/dd/yy)

b. Military time ☐☐☐☐ hours   c. ☐ Time unknown

12. Reason catheter removed (choose one):

☐ catheter complication

☐ catheter malfunction

☐ routine line change

☐ catheter-associated bacteremia

☐ exit site infection

☐ recovery of renal function (catheter no longer required)

☐ other, specify [   ]

Hospital No.   Patient ID   Patient Initials   Date Catheter Inserted (mm/dd/yy)   Catheter No. This Date

☐☐☐   ☐☐☐   ☐☐☐   ☐☐ / ☐☐ / ☐☐   ☐☐

13. Were cultures obtained? .... ☐ yes ☐ no

   If yes,

   a. Exit site cultured? .... ☐ yes ☐ no

     If yes, culture results (See Ops Manaul):

     1. organism 1 ☐☐

     2. organism 2 ☐☐

     3. organism 3 ☐☐

     4. organism 4 ☐☐

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

     If yes, culture results (See Ops Manaul):

     1. organism 1 ☐☐   cfu ☐☐☐☐☐

     2. organism 2 ☐☐   cfu ☐☐☐☐☐

     3. organism 3 ☐☐   cfu ☐☐☐☐☐

     4. organism 4 ☐☐   cfu ☐☐☐☐☐

   c. Blood cultures obtained for catheter associated bacteremia? .... ☐ yes ☐ no

     If yes, culture results (see Ops Manual):

     1. organism 1 ☐☐

     2. organism 2 ☐☐

     3. organism 3 ☐☐

     4. organism 4 ☐☐

Date of Form Completion

☐☐ / ☐☐ / ☐☐ (mm/dd/yy)

Staff Initials ☐☐☐