

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

Hospital

[][][]

PatID

[][][]

PatInits

[][][]

Date

Study Day Date (mm/dd/yy)

[][] / [][] / [][]

A. Study Day (day 01-14, 21, or 28) StudyDay [][]

B. Vital Signs

1. Temperature (in degrees C or F) --- Temperature [][][] . [] Degrees

a. Scale used (check one) Celsius Fahrenheit Scale

2. Heart Rate [][][] beats/min HeartRate

3. Respiratory Rate [][] breaths/min RespRate

4. Blood Pressure (systolic/diastolic)--- Systolic [][][] / [][][] mmHg Diastolic

5. Mean Arterial Pressure as read from monitoring system----- [][][] mmHg MeanArtPress N/A*
MeanArtPressNA

6. Transcutaneous Hemoglobin Oxygen Saturation (SaO2)----- [][][] % SaO

C. Fluid Intake and Output

1. 24-hour intake in mL [][][][][] mL FluidIntake

2. 24-hour output in mL [][][][][] mL FluidOutput

3. Duration of intake and output record if < 24 hours [][] hours Duration

D. Patient intubated or has tracheostomy?-----Yes No Intubated

E. Patient on mechanical ventilation?-----Yes No MechVentilation

If Yes,

1. Specify (check one):

Invasive mechanical ventilation (intubated) Mode

Non-invasive mechanical ventilation (non-intubated)

*N/A means Not Available

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F. Arterial Blood Gas Obtained? Yes No ArtBloodGas

If obtained,

1. Arterial pH [] . [][] ArtpH

2. PaCO₂ [][] mmHg PaCO

3. PaO₂ [][][] mmHg PaO

4. FiO₂ (percent) [][][] % FiO

G. Hemodynamic Monitoring

1. CVP catheter? CVPCath Yes No

2. Pulmonary artery catheter? PulmArtCath Yes No

3. CVP CVP [][] mmHg N/A* CVPNA

4. Pulmonary artery pressure (systolic/diastolic) PASystolic [][][] / PADiastolic [][] mmHg N/A* PANA

5. Pulmonary capillary occlusion pressure PCOPress [][] mmHg N/A* PCONA

*N/A means Not Available

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H. Glasgow Coma Score

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

2. Best Eye Response (check one) EyeResponse
 No eye opening Eye opening to verbal command
 Eye opening to pain Eyes open spontaneously

3. Best Motor Response (check one) MotorResponse
 No motor response Withdrawal from pain
 Extension to pain Localizes pain
 Flexion to pain Obeys commands

4. Best Verbal Response (check one) VerbalResponse
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----- Hemoglobin [][] . [] g/dL HemoglobinNA N/A*
2. White blood cell count----- WBC [][][] , [] 00 cells/mm³ N/A* WBCNA
3. Platelet Count----- Platelets [][] , [][][] , 000 cells/mm³ N/A* PlateletsNA
4. Is patient having active bleeding?----- ActiveBleed Yes No

J. Renal Function

1. Daily urine volume ----- DailyUrineVolmL [][][][] mL per [][] hours DailyUrineVolHour
2. Serum creatinine ----- SerumCreat [][] . [] mg/dL N/A* SerumCreatNA
3. BUN----- BUN [][][] mg/dL N/A* BUNNA
4. Was a 6-hour urine collection performed? (See Ops Manual) ----- Yes No UrineCollect
If Yes,
a. Urine volume----- UrineVolume [][][][] mL
b. Urine creatinine----- UrineCreat [][][] . [] mg/dL

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K. Chemistry

- 1. Total bilirubin **Bilirubin** . mg/dL N/A* **BilirubinNA**
- 2. Albumin **Album** . g/dL **AlbumNA**
- 3. Total cholesterol **Cholest** mg/dL **CholestNA**
- 4. Serum sodium **SerumSodium** mEq/L **SerumSodiumNA**
- 5. Serum potassium **SerumPotass** . mEq/L **SerumPotassNA**
- 6. Total CO₂ **TotalCO** . mEq/L **TotalCONA**
- 7. Serum Calcium **SerumCalcium** . mg/dL **SerumCalciumNA**
- 8. Ionized calcium **IonizedCalcium** . **IonizedCalciumNA**
 - a. Measurement obtained in (check one): mEq/L mmol/L **IonizedCalMeasure**
- 9. Serum PO₄ **SerumPO** . mg/dL **SerumPONA**
- 10. Magnesium **Magnesium** . mg/dL **MagnesiumNA**

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

- | | | Yes | No | Dose | |
|--------------------------------------|----------------------|--------------------------|--------------------------|---|-----------------------|
| 1. Epinephrine (mcg/kg/min) | Epine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> . <input type="text"/> | DoseEpine |
| 2. Norepinephrine (mcg/kg/min) | Norepine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> . <input type="text"/> | DoseNorepine |
| 3. Phenylephrine (mcg/kg/min) | Phenyle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> . <input type="text"/> | DosePhenyle |
| 4. Dopamine (mcg/kg/min) | Dopamine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> . <input type="text"/> | DoseDopamine |
| 5. Dobutamine (mcg/kg/min) | Dobutamine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> . <input type="text"/> | DoseDobut |
| 6. Vasopressin (units/hr) | Vasopressin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> . <input type="text"/> | DoseVaso |
| 7. Other,
specify | OtherPressors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> . <input type="text"/> | DoseOtherPress |

OtherPressDesc

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Annotated form 3977276382

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M. Nutrition Management

1. NPO ----- Yes No NPO

2. Oral Supplements ----- Yes No OralSupp

a. Formulation 1

i. Type of Supplement (see Ops Manual for codes) ----- OralSuppType1

ii. Number of mL administered per day ----- OralSuppL1 [][][] mL

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

i. Type of Supplement (see Ops Manual for codes) ----- OralSuppType2

ii. Number of mL administered per day ----- OralSuppL2 [][][] mL

3. Tube Feed ----- Yes No TubeFeed

a. Formulation 1

i. Formulation (see Ops Manual for codes) ----- TubeFeedForm1 [][][]

ii. Number of mL administered per day ----- TubeFeedmL1 [][][][] mL

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

i. Formulation (see Ops Manual for codes) ----- TubeFeedForm2 [][][]

ii. Number of mL administered per day ----- TubeFeedmL2 [][][][] mL

4. TPN ----- Yes No TPN

a. Calories/day ----- TPNCalories [][][][] Calories

b. Protein/day ----- TPNProtein [][][] grams

c. Lipids/day ----- TPNLipids [][][] grams

N. Glucose Management

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

2. Blood glucose concentration obtained closest to 8:00am. [][], [][][] mg/dL
BloodGlucosemg

O. Glucocorticoid Therapy

1. Is patient receiving glucocorticoids? ----- Glucocorticoid Yes No
(includes dexamethasone, hydrocortisone, prednisolone, methylprednisolone, prednisone)

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

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

FormDate

Date of Form Completion (mm/dd/yy)

[][] / [][] / [][]

StaffInits

Staff Initials

[][][]