

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-----

--	--	--

MeanArtPress

mmHg

☐ N/A\*

MeanArtPressNA

6. Transcutaneous Hemoglobin Oxygen Saturation (SaO<sub>2</sub>)-----

--	--	--

%

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 &lt; 24 hours ..... hours Duration

--	--

D. Patient intubated or has tracheostomy?-----Yes ☐ No ☐ IntubatedE. 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

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)

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

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

If obtained,

1. Arterial pH ..... ArtpH

2. PaCO<sub>2</sub> ..... mmHg PaCO3. PaO<sub>2</sub> ..... mmHg PaO4. FiO<sub>2</sub> (percent) ..... % FiO

## G. Hemodynamic Monitoring

1. CVP catheter? ..... CVPCath Yes ☐ No ☐2. Pulmonary artery catheter? ..... PulmArtCath Yes ☐ No ☐3. CVP ..... CVP mmHg ☐ N/A\* CVPNA4. Pulmonary artery pressure (systolic/diastolic) ..... PASystolic / PADiastolic mmHg ☐ N/A\* PANA5. Pulmonary capillary occlusion pressure ..... PCOPress mmHg ☐ N/A\* PCONA

\*N/A means Not Available

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

<b>Hospital</b>	<b>PatID</b>	<b>PatInits</b>	<b>Date</b>
Study Day Date (mm/dd/yy)			

**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/mm<sup>3</sup> **WBCNA**  
☐ N/A\*

3. Platelet Count----- **Platelets**  ,   , 000 cells/mm<sup>3</sup> **PlateletsNA**  
☐ N/A\*

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

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)



/


/


## 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 CO<sub>2</sub> ..... **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 PO<sub>4</sub> ..... **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) .....    | <b>Epine</b>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> . <input type="text"/> <input type="text"/> | <b>DoseEpine</b>      |
| 2. Norepinephrine (mcg/kg/min) ..... | <b>Norepine</b>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> . <input type="text"/> <input type="text"/> | <b>DoseNorepine</b>   |
| 3. Phenylephrine (mcg/kg/min) .....  | <b>Phenyle</b>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> . <input type="text"/> <input type="text"/> | <b>DosePhenyle</b>    |
| 4. Dopamine (mcg/kg/min) .....       | <b>Dopamine</b>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> . <input type="text"/> <input type="text"/> | <b>DoseDopamine</b>   |
| 5. Dobutamine (mcg/kg/min) .....     | <b>Dobutamine</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> . <input type="text"/> <input type="text"/> | <b>DoseDobut</b>      |
| 6. Vasopressin (units/hr) .....      | <b>Vasopressin</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> . <input type="text"/> <input type="text"/> | <b>DoseVaso</b>       |
| 7. Other, .....<br>specify           | <b>OtherPressors</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> . <input type="text"/> <input type="text"/> | <b>DoseOtherPress</b> |

 **OtherPressDesc**

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)



/


/


## M. Nutrition Management

1. NPO ----- Yes ☐ No ☐ NPO2. 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 ----- OralSuppmL1     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 ----- OralSuppmL2     mL3. 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     mL4. TPN ----- Yes ☐ No ☐ TPNa. Calories/day ----- TPNCalories     Caloriesb. Protein/day ----- TPNProtein    gramsc. 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