

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

Hospital

PatID

PatInits

Date Catheter Inserted (mm/dd/yy)

Date

Catheter No.

This Date

CathNo

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

1. Catheter number over the entire study period.   TotalCathNo

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

2. Time dialysis catheter inserted  CathTime  CathTimeUnk

a. Military time     hours

b.  Time unknown

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

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

5. Tunneled Catheter -----  NumLumens -----  TunnelCath  yes  no

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

CathType

NumLumensDesc

7. Catheter Type    (see Ops Manual)

8. Location of dialysis catheter (choose one):

CathLocate  subclavian

internal jugular

femoral

other, specify

CathLocDesc

ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)

Annotated form 6095354451

FORM 15 - DIALYSIS CATHETER INSERTION FORM

<b>Hospital</b>	<b>PatID</b>	<b>PatInits</b>	<b>Date</b>	<b>Catheter No.</b>
[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]	Date Catheter Inserted (mm/dd/yy)	This Date
[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]	[ ][ ] / [ ][ ] / [ ][ ]	[ ][ ] <b>CathNo</b>

9. Insertion complications within 24 hours of catheter placement.

If yes, check if it was an SAE\*

- |   | No                       | Yes                      |   |
|---|--------------------------|--------------------------|---|
| a. catheter-related infection----- <b>CathRelInfect</b>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <b>CathRelInfectSAE</b>  |
| b. cardiac arrythmia ----- <b>CardiArryth</b>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <b>CardiArrythSAE</b>    |
| c. pneumothorax ----- <b>Pneumothorax</b>                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <b>PneumoSAE</b>         |
| d. hemothorax ----- <b>HemoTho</b>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <b>HemothoSAE</b>        |
| e. inadvertent arterial puncture----- <b>Inadvertent</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <b>InadvertSAE</b>       |
| f. excess bleeding at insertion site --- <b>ExcessBleed</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <b>ExcessBleedSAE</b>    |
| g. local venous thrombosis ----- <b>LocalVenThromb</b>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <b>LocalVenThrombSAE</b> |
| h. venous thromboembolism ----- <b>VenousThromb</b>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <b>VenousThrombSAE</b>   |
| i. air embolism ----- <b>AirEmbolism</b>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <b>AirEmbolismSAE</b>    |
| j. other ----- <b>OtherComp</b>                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <b>OtherCompSAE</b>      |

If other, specify

<b>OtherCompDesc</b>
----------------------

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

If yes, check if it was an SAE\*

- |  | No                       | Yes                      |   |
|--|--------------------------|--------------------------|---|
| a. catheter-related infection ----- <b>LateCathInfect</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <b>LateCathInfectSAE</b>   |
| b. cardiac arrythmia ----- <b>LateCardiArryth</b>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <b>LateCardiArrythSAE</b>  |
| c. pneumothorax ----- <b>LatePneumothorax</b>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <b>LatePneumoSAE</b>       |
| d. hemothorax ----- <b>LateHemoTho</b>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <b>LateHemothoSAE</b>      |
| e. inadvertent arterial puncture... <b>LateInadvertent</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <b>LateInadvertSAE</b>     |
| f. catheter-associated bacteremia <b>LateBacteremia</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <b>LateBacteremiaSAE</b>   |
| g. excess bleeding at insertion sit <b>LateExcessBleed</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <b>LateExcessBleedSAE</b>  |
| h. local venous thrombosis ----- <b>LateLocalThromb</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <b>LateLocalThrombSAE</b>  |
| i. venous throembolism ----- <b>LateVenousThromb</b>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <b>LateVenousThrombSAE</b> |
| j. air embolism ----- <b>LateAirEmbolism</b>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <b>LateAirEmbolismSAE</b>  |
| k. other ----- <b>LateOtherComp</b>                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <b>LateOtherCompSAE</b>    |

If other, specify

<b>LateOtherCompDesc</b>
--------------------------

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

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

Hospital  
[ ][ ][ ]

PatID  
[ ][ ][ ]

PatInits  
[ ][ ][ ]

Date Catheter Inserted (mm/dd/yy)  
[ ][ ] / [ ][ ] / [ ][ ]

Catheter No.  
This Date  
[ ][ ] CathNo

11. Date and time catheter removed CathRemoveDate

Date

a. Date [ ][ ] / [ ][ ] / [ ][ ] (mm/dd/yy)

b. Military time [ ][ ][ ][ ] hours CathRemoveTime

CathRemoveTimeUnk

c.  Time unknown

12. Reason catheter removed (choose one):

catheter complication

ReasonCathRemove

catheter malfunction

routine line change

catheter-associated bacteremia

exit site infection

recovery of renal function (catheter no longer required)

ReasonDesc

other, specify

[ ]

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

Hospital

PatID

PatInits

Date Catheter Inserted (mm/dd/yy)

Date

Catheter No.

This Date

CathNo

13. Were cultures obtained?----- Cultures  yes  no

If yes,

a. Exit site cultured?----- ExitSiteCult  yes  no

If yes, culture results (See Ops Manual):

1. organism 1   ExitOrgan1

2. organism 2   ExitOrgan2

3. organism 3   ExitOrgan3

4. organism 4   ExitOrgan4

CathTipCulture

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

If yes, culture results (See Ops Manual):

1. organism 1   TipOrgan1

cfu     TipCFU1

2. organism 2   TipOrgan2

cfu     TipCFU2

3. organism 3   TipOrgan3

cfu     TipCFU3

4. organism 4   TipOrgan4

cfu     TipCFU4

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

If yes, culture results (see Ops Manual):

1. organism 1   BloodOrgan1

2. organism 2   BloodOrgan2

3. organism 3   BloodOrgan3

4. organism 4   BloodOrgan4

FormDate

Date of Form Completion

StaffInits

Staff Initials