

ACUTE RENAL FAILURE TRIAL NETWORK (OBSERVATIONAL STUDY)

Annotated form 5773287627

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)

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

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

ContinueRRT

B. Selection of RRT Modality

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 No

b. Lungs (check one) ----- Lungs Clear Pulmonary Vascular Congestion

c. CVP ----- CVP [][] mmHg CVPNA N/A*

d. Pulmonary Artery Pressure (systolic/diastolic) PASystolic / PADiastolic [][][] / [][][] mmHg PASystoDiastoNA N/A*

e. Pulmonary Capillary Occlusion Pressure ---- PCOPress [][][] mmHg PCOPressNA N/A*

f. Oxygenation ----- SaO₂ SaO₂ [][][] % OR PaO₂ [][][] mmHg PaO

FiO₂ FiO₂ [][][] % OR Oxygen flow rate [][][] liters/min OxyFloRate

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

ACUTE RENAL FAILURE TRIAL NETWORK (OBSERVATIONAL STUDY)

FORM 23 - RENAL REPLACEMENT THERAPY - EACH TREATMENT

Hospital

Three empty boxes for Hospital ID

PatID

Three empty boxes for Patient ID

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

Two empty boxes for Treatment Day Code

Treatment No. This Day

One empty box for Treatment No. This Day

Date Form Completed (mm/dd/yy)

Three empty boxes for month, three for day, two for year

Date

D. HEMODIALYSIS or SLED

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

HemoDialyzer

Two empty boxes for Dialyzer code

DuraDialMin

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

DuraDialHr

Two empty boxes for hours

hours

Two empty boxes for minutes

mins

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

HemoBFR

Three empty boxes for BFR

mL/min

4. Dialysate flow rate-----

HemoDFR

Three empty boxes for DFR

mL/min

5. Pre-dialysis weight-----

PreDialWeight

Three empty boxes for weight, one for decimal

kg

PreDialWeightNA

N/A*

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

Three empty boxes for fluid removal, one for decimal

L

NetFluidRemove

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

PrePostDialBUN

Yes No

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

Three empty boxes for BUN

mg/dL

BUNInit

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

Three empty boxes for BUN

mg/dL

BUNTerm

c. Calculated spKt/V-----

One empty box for spKt/V, one for decimal, two for Kt/V

spKeV

8. Anticoagulation (choose one)

- None
- Heparin
- Citrate
- Other, specify

HemoAnticoag

HemoAnticoagDesc

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

HemoClotting

Yes No

10. a. Blood pressure at initiation of treatment

InitialSystolicBP

Three empty boxes for systolic BP

InitialDiastolicBP

mmHg

b. Lowest documented blood pressure during treatment

LowSystolicBP

Three empty boxes for systolic BP

LowDiastolicBP

mmHg

E. CRRT

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

Diafilter

Two empty boxes for filter code

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

CVVHDFDuraHr

Two empty boxes for hours

hours

Two empty boxes for minutes

mins

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

CVVHDFBFR

Three empty boxes for BFR

mL/min

4. Dialysate flow rate (prescribed)

CVVHDFDFR

Three empty boxes for DFR

mL/hour

a. Dialysate code

One empty box for dialysate code

Dialysate

(see Ops Manual)

5. Replacement fluid administration rate (prescribed)

Three empty boxes for RFAR

mL/hour

RFAR

b. Replacement Fluid Code

One empty box for replacement fluid code

(see Ops Manual)

ReplaceFluidCode

ACUTE RENAL FAILURE TRIAL NETWORK (OBSERVATIONAL STUDY)

FORM 23 - RENAL REPLACEMENT THERAPY - EACH TREATMENT

Hospital

[][][]

PatID

[][][]

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

[][]

TreatmentDay

Treatment No. This Day

[]

TreatmentNo

Date Form Completed (mm/dd/yy)

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

Date

E. CRRT (cont'd)

6. Ultrafiltration rate (prescribed) ----- UltraFiltRate [][][][] mL/hour

7. 24-hour effluent volume (actual) ----- EffluentVolume [][][][] L

8. Anticoagulation (choose one) None Heparin Citrate Other, specify

CVVHDFAntiCoag

CVVHDFAntiCoagDesc

9. Clotting of extracorporeal circuit requiring hemodiafilter replacement? - CVVHDFClotting Yes No

10. Number of hemodiafilters used during this 24-hour treatment period ----- [][] 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) [][] IatrogenicType

9. Seizures ----- Seizures

10. Other ----- OtherComplicat

Specify:

OtherComplicatDesc1

OtherComplicatDesc2

Staff Initials

StaffInits

[][][]