

VA WEST HAVEN CSP 530
ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)
FORM 04 - BASELINE FORM

Hospital
[][][]

PatID
[][][]

PatInits
[][][]

4. Racial/Ethnic Origin (check one)

Race

- White, not of Hispanic Origin
- Black, not of Hispanic Origin
- Hispanic
- Asian
- Pacific Islander
- American Indian/Alaskan Native
- Other

F. Military Service History

MilitaryServ

1. Has the patient ever served in the U.S. military? ----- Yes No N/A*

If yes, complete rest of Section F

If no or N/A, skip to Section G

Activeduty

2. Active duty ----- Yes No N/A*

3. Reserves only ----- Reserves Yes No N/A*

4. When did the patient serve (check all that apply)

- WWI World War I
- WWII World War II
- Korean Korean Conflict
- Vietnam Vietnam Conflict
- Balkans Balkans Conflict
- Afghanistan Conflict **Afghan**
- Gulf War **Gulf**
- Peace Time **Peace**
- Information not available **InfoNA**
- Other Other War/Conflict (specify)

WarConflictDesc

[]

5. Did the patient serve outside the United States? ----- OutsideUS Yes No N/A*

6. What was the branch of service (check all that apply)

- Army **Army**
- Air Force **Air**
- Navy **Navy**
- Marines **Marines**
- Coast Guard **Coast**
- National Guard **NatGuard**
- Information not available **InforNA**

G. Medical History

1. Cardiovascular disease

- a. Documented myocardial infarction ----- MI Yes No N/A*
- b. Angina ----- Angina Yes No N/A*
- i. Symptoms at rest ----- AnginaSymptoms Yes No N/A*
- c. Congestive Heart Failure ----- CHF Yes No N/A*
- i. Symptoms at rest ----- CHFSymptoms Yes No N/A*

*N/A means Information Not Available

Hospital

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	Yes	No	N/A*	
2. Peripheral Vascular Disease (includes untreated aortic aneurysm >= 6cm) -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PVD
3. Cerebrovascular Disease				
a. TIA's -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TIA
b. CVA with minor or no residual defect -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CVAMinor
c. CVA with residual hemiplegia -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CVAMajor
4. Dementia (includes cognitive deficits) -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dementia
5. Chronic Pulmonary Disease				
a. Chronic hypoxemia -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ChronHypoxemia
b. Hypercapnia -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hypercapnia
c. Secondary polycythemia -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ploicythmia
d. Severe pulmonary hypertension -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hypertension
e. Chronic ventilator dependence -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CVD
6. Connective Tissue Disorder -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CTD
7. Peptic Ulcer Disease (with or without bleeding) -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ulcer
8. Chronic liver disease				
a. Mild liver disease - chronic hepatitis or cirrhosis without portal HTN -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MildLiverDisease
b. Moderate or severe liver disease (cirrhosis with portal HTN, with or without variceal bleeding) -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LiverDisease
c. Encephalopathy -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encephalopathy
9. Diabetes Mellitus				
a. Treated with diet alone -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DMDiet
b. Treated with oral hypoglycemic agents or insulin -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DMMed
c. With end-organ disease (retinopathy or neuropathy) -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DMEndOrganDis
10. Malignancy				
a. Solid tumor without metastases -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MaligNoMetast
b. Solid tumor with metastases -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MaligMetast
c. Leukemia or lymphoma -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leukemic
11. Immune-suppressed				
a. HIV+ (not AIDS) -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIV
b. AIDS (not just HIV+) -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AIDS
c. On immunosuppression -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ImmunoTherapy
d. Other immune compromised state -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ImmuneCompromise

*N/A means Information Not Available

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H. Physical Exam

1. Pre-morbid Body Weight [][][] . [] kg **Weight**

2. Pre-morbid Height [][] inches **Height**

3. Ideal Body Weight [][][] . [] kg **IdealWeight**

a. If actual pre-morbid body weight is >30% above ideal body weight, enter
adjusted pre-morbid weight (see Ops Manual) [][][] . [] kg **AdjustedWeight**

4. Blood Pressure **Systolic**
Systolic BP [][][] mmHg Diastolic BP [][][] mmHg **Diastolic**

I. Nutrition Management

1. NPO **NPO** Yes No

2. Oral Supplements **OralSupp** Yes No
a. Type of Supplement (see Ops Manual for codes) [][][] **TypeSupp**

b. Number of mL administered per day **OralSuppmL** [][][][] mL

3. Tube Feed **TubeFeed** Yes No
a. Formulation (see Ops Manual for codes) **Formulation** [][][]

b. Number of mL administered per day **TubeFeedmL** [][][][] mL

4. TPN Yes No **TPN**

a. Calories/day **Calories** [][][][]

b. Protein/day **Protein** [][][] grams

c. Lipids/day **Lipids** [][][] grams

NOTE: Complete the Patient Contact Information Form (Form 05), Baseline Scores and
Labs Form (Form 06) and Release of Information Form (Form 14) for this patient.

StaffInits

Staff Initials [][][]