

ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)

FORM 06 - BASELINE SCORES AND LABORATORY VALUES

Date Form Completed (mm/dd/yy)

/ /

NOTE: ALL DATA ON THIS FORM SHOULD BE THE MOST RECENT DATA PRIOR TO INITIATION OF THE FIRST TREATMENT ON PROTOCOL.

A. Vital Signs

1. Temperature (in degrees C or F) . Degrees

a. Scale used (check one) Celsius Fahrenheit

2. Heart Rate beats/min

3. Respiratory Rate

a. spontaneous breaths/min

b. ventilator setting breaths/min not on ventilator

4. Blood Pressure (systolic/diastolic) / mmHg

5. Mean Arterial Pressure as read from monitoring system mmHg N/A*

6. Transcutaneous Hemoglobin Oxygen Saturation (SaO₂) %

B. Patient intubated or has tracheostomy? Yes No

C. Patient on mechanical ventilation? Yes No

If Yes,

1. Specify mode (choose one):

Volume-targeted (AC, IMV, or IMV with PS; also answer question C.2.)

Pressure Control (PC; also answer question C.3.)

Pressure Support (PS; also answer question C.4.)

Other invasive mechanical ventilation (intubated)

Non-invasive mechanical ventilation (non-intubated)

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Hospital

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PatID

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PatInits

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C. Patient on mechanical ventilation? (continued)

2. If the patient is on volume targeted MV (AC, IMV, or IMV with PS), specify:

a. Set tidal volume

--	--	--	--

 mL

TidalVolume

b. Plateau airway pressure

--	--

 cm H₂O

PlateauAirwayPress

c. PEEP

--	--

 cm H₂O

Peep

d. FiO₂

--	--	--

 %

MVFiO

3. If the patient is on Pressure Control (PC) ventilation, specify:

a. Set inspiratory pressure

--	--

 cm H₂O

InspiratoryPress

b. Tidal volume

--	--	--	--

 ml

PCTidalVolum

c. PEEP

--	--

 cm H₂O

PCPeep

d. FiO₂

--	--	--

 %

PCFiO

4. If the patient is on Pressure Support (PS) ventilation, specify:

a. Pressure support level

--	--

 cm H₂O

PSSuppoLevel

b. Tidal Volume

--	--	--	--

 mL

PSTidalVolum

c. PEEP

--	--

 cm H₂O

PSPeep

d. FiO₂

--	--	--

 %

PSFiO

D. Arterial Blood Gas obtained? Yes No

ArtBloodGas

If Yes,

1. Arterial pH

--

 .

--	--

ArtpH

2. PaCO₂

--	--

 mmHg

PaCO

3. PaO₂

--	--	--

 mmHg

PaO

4. FiO₂ (percent)

--	--	--

 %

FiO

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Hospital

[][][]

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[][][]

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[][][]

E. Hemodynamic Monitoring

CVPCath

1. CVP catheter? ----- Yes No

2. Pulmonary artery catheter?----- Yes No PACath

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

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

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

F. Glasgow Coma Score

PCONA

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

2. Best Eye Response (check one)

No eye opening

Eye opening to verbal command

Eye opening to pain

Eyes open spontaneously

EyeResponse

3. Best Motor Response (check one)

No motor response

Withdrawal from pain

Extension to pain

Localizes pain

Flexion to pain

Obeys commands

MotorResponse

4. Best Verbal Response (check one)

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

VerbalResponse

G. Hematology (Most recent values within 24 hours before start of study treatment.)

1. Hemoglobin ----- Hemoglobin [][] . [][] g/dL N/A* HemoNA

2. Hematocrit ----- Hematocrit [][] . [][] % N/A* HematocritNA

3. Platelet Count ----- Platelets [][] , [][][] , 000 cells/mm³ N/A* PlateletsNA

4. White Blood Cell Count ----- WBC [][][] , [][] 00 cells/mm³ N/A* WBCNA

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[][][]

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[][][]

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[][][]

H. Coagulation

1. INR

INR [][] . []

N/A* INRNA

2. Partial thromboplastin time (PTT)

PTT [][] . [] sec

N/A* PTTNA

3. Upper limit of normal PTT

UpperPTT [][] . [] sec

N/A* UpperPTTNA

4. Is patient having active bleeding (see Ops manual)?

Yes No ActiveBleed

I. Renal Function (Most recent values obtained prior to completing form)

DailyUrineVolHour

1. Daily urine volume

DailyUrineVolmL [][][][] mL per [][] hours

2. Serum creatinine

SerumCreat [][] . [] mg/dL [][] / [][] / [][] Date Obtained

3. BUN at admission

AdmitBUN [][][] mg/dL SerumCreatDate

4. Most recent BUN

RecentBUN [][][] mg/dL [][] / [][] / [][] Date Obtained

J. Chemistry (Most recent values obtained prior to completing form)

1. Total bilirubin

Bilirubin [][] . [] mg/dL [][] / [][] / [][] BilirubinDate BilirubinNA N/A*

2. SGOT (AST)

SGOT [][][][] U/L [][] SGOTDate SGOTNA

3. SGPT (ALT)

SGPT [][][][] U/L [][] SGPTDate SGPTNA

4. Alkaline phosphatase

Alka [][][][][] U/L [][] AlkaDate AlkaNA

5. Albumin

Album [][] . [] g/dL [][] AlbumDate AlbumNA

a. Lower limit of normal

[][] . [] g/dL AlbumLower

6. Total cholesterol

Cholest [][][][] mg/dL [][] CholestDate CholestNA

7. Serum sodium

Sodium [][][] mEq/L [][] SodiumDate SodiumNA

8. Serum potassium

Potassium [][] . [] mEq/L [][] PotassiumDate PotassiumNA

9. Total CO2

HCO [][] . [] mEq/L [][] HCODate [][] HCONA

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J. Chemistry (continued)

			Date Obtained(mm/dd/yy)	N/A*							
10. Serum calcium	--- SerumCalcium	<table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> mg/dL				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> SerumCalciumDate					<input type="checkbox"/> SerumCalciumNA
11. Ionized calcium	--- IonizedCalcium	<table border="1"><tr><td></td></tr></table> . <table border="1"><tr><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> IonizedCalciumDate					<input type="checkbox"/> IonizedCalciumNA
	a. Measurement obtained in (check one):										
	<input type="checkbox"/> mEq/L <input type="checkbox"/> mmol/L IonizCalMeasure										
12. Serum PO ₄	--- SerumPO	<table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> mg/dL				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> SerumPODate					<input type="checkbox"/> SerumPONA
13. Magnesium	--- Magnesium	<table border="1"><tr><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> mg/dL			<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> MagnesiumDate					<input type="checkbox"/> MagnesiumNA	

K. Pressors for 1 hour or more

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

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Hospital
[][][]

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HemoCRRT

L. Did patient have hemodialysis or \leq 24 hrs of CRRT prior to randomization? ----- Yes No
If yes, enter the following data with values obtained before that dialysis or CRRT prior to randomization and complete Form 09.

IntubateMech

1. Patient was intubated or on mechanical ventilation ----- Yes No

2. Platelet count **PlateletsPR** [][] , [][][] ,000 cells/mm **PlateletPRDate** [][][][] Date Obtained (mm/dd/yy) N/A* **PlateletsPRNA**

3. Leukocytes ---- **LeukoPR** [][][] , [][] 00 cells/mm³ **LeukoPRDate** [][][][] **LeukoPRNA**

4. Bilirubin ---- **BilirubinPR** [][] . [][] mg/dL **BiliPRDate** [][][][] **BilirubinPRNA**

5. Bleeding diathesis ----- **BleedingPR** Yes No

6. Serum creatinine ---- **CreatPR** [][] . [][] mg/dL **CreatPRDate** [][][][] **CreatPRNA**

7. BUN ----- **BunPR** [][][] . [][] mg/dL **BunPRDate** [][][][] **BunPRNA**

M. Glucose Management

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

2. Blood glucose concentration obtained closest to 8am. [][] , [][][] mg/dL **BloodGlucose**

N. Glucocorticoid Therapy

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

If yes, a. Dose in hydrocortisone equivalents (see Ops manual). Check one.

- <30mg/day
- 30-100mg/day **AdrenalCorticoDose**
- >100mg-300mg/day
- >300mg/day

O. Gastrointestinal Complications at the Time of Initiation of RRT

- 1. Cholecystitis with perforation ----- **GICholecystitis** Yes No
- 2. GI bleeding requiring >2 units of blood over 24 hours ----- **GI Bleeding** Yes No
- 3. Necrotizing enterocolitis ----- **NecroEntero** Yes No
- 4. Necrotizing pancreatitis ----- **NecroPancreat** Yes No

Staff Initials

StaffInits

[][][]