

Frequent Hemodialysis Network
MEDICATIONS AND SUPPLEMENTS FORM #205
For all meds other than Erythropoietin, Darbopoetin, IV Iron, and IV Vitamin D Analogues

Instructions: Record all prescription medications, over-the-counter (OTC) medications, and supplements on this form (include prn medications). Use Form 203 to record IV Iron use. Use Form 204 to record EPO, Procrit, Epogen, Aranesp, and IV vitamin D analogues.

Schedule: Daily: Baseline, F-4, F-8 and F-12.
Nocturnal v3.0: Baseline, F-4, F-8, and F-12. (Nocturnal v2.1: Baseline, F-5, F-9, and F-14).

On this form, please be especially sure to capture:

- oral vitamin D and calcimimetic use
- blood pressure medications

You may write additional medications on a separate attached page. The computer will allow you to enter as many medications as needed.

1. Participant ID #					2. Alpha Code		3a. Visit Type	3b. Visit Number		4. Date: dd/mon/yyyy									

5. Is the participant prescribed/currently taking any prescription medications (*other than EPO/Epogen, Procrit, Aranesp, IV Iron, IV vitamin D analogues*), over-the-counter meds, or supplements?
(0=No, go to Q200, 1=Yes, complete Q6)

6. Is the participant prescribed any oral phosphate binders?
(0=No, skip to Q11, 1=Yes, go to Q7, 2=Yes, but not taking, go to Q7)

<u>Oral Phosphate Binder Name</u> (Enter generic name or U.S. or Canadian trade name)	Medication Code*	<u>Total Prescribed Daily Dose (in milligrams)</u>
7.		_ _ _ _ _
8.		_ _ _ _ _
9.		_ _ _ _ _
10.		_ _ _ _ _

PARTICIPANT'S MEDICATIONS: *continued on the following page*

*The medication code is electronically found on the code list accessed during data entry.

PARTICIPANT’S MEDICATIONS: *continued,*

You may write additional medications on a separate attached page. The computer will allow you to enter as many medications as needed. **Include medications taken on a prn basis.**

.Medication/Supplement Name (Enter generic name or U.S. or Canadian trade name)	Medication Code*
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	
25.	
26.	
27.	
28.	
29.	
30.	

200. Date this form completed (dd/mon/yyyy)..... ___/___/_____

201. Username of person reviewing completeness of this form _____

202. Username of person entering this form: _____

203. Date Entered: (dd/mon/yyyy) ___/___/_____

*The medication code is electronically found on the code list accessed during data entry.