

## Frequent Hemodialysis Network NOCTURNAL TRIAL PATIENT'S WATER QUALITY MONITORING - FORM #212

This form is used in the Nocturnal Trial only.

**Schedule:** Nocturnal v3.0: F-4 and F-12. (Nocturnal v2.1: F-5 and F-14).

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

**PATIENT'S WATER QUALITY MONITORING For the following, please provide results for the water that the patient is actually using for hemodialysis.**

5. What is the most recent CFU for the *patient's* processed water? .....      \_ \_ \_ \_ \_  
(ideal is <200CFU/ml)
6. What is the most recent CFU for the *patient's* dialysate? .....      \_ \_ \_ \_ \_  
(ideal is <200CFU/ml)
7. What is the most recent endotoxin level for the *patient's* processed water? ..... ≤ \_ \_ \_ \_ \_  
(idea is <2EU/ml)
8. What is the most recent endotoxin level for the *patient's* dialysate? ..... ≤ \_ \_ \_ \_ \_  
(ideal is <2EU/ml)
9. a. Did the *patient's* processed water contain any trace elements present in amounts greater than AAMI standards? .....  
(0=No, 1=Yes, 8=NA, trace elements & minerals not tested at this time)  
Use most recent test for trace elements and minerals.
- b. Date trace elements/minerals tested (dd/mm/yyyy)..... \_ \_ / \_ \_ / \_ \_ \_ \_ \_

If yes, indicate the trace element or mineral and the level present:

Trace Element or Mineral	Units for Level	Ideal Allowed*	Measured Level
10a Aluminum	(mg/l)	0.01	0. _ _ _ _
b. Antimony	(mg/l)	0.006	0. _ _ _ _
c. Arsenic	(mg/l)	0.005	0. _ _ _ _
d. Barium	(mg/l)	0.10	0. _ _ _ _
e. Beryllium	(mg/l)	0.0004	0. _ _ _ _
f. Cadmium	(mg/l)	0.001	0. _ _ _ _
g. Calcium	(mEq/L)	2	_ _ _ _

\*AANSI/AAMI Standard for "maximum allowable chemical contaminant levels in water to prepare dialysis"

h. Chloramines	(mg/l)	0.10	0.____
i. Chromium	(mg/l)	0.014	0.____
j. Copper	(mg/l)	0.10	0.____
k. Fluoride	(mg/l)	0.20	0.____
l. Free Chlorine	(mg/l)	0.50	0.____
m. Lead	(mg/l)	0.005	0.____
n. Magnesium	(0.3mEq/L)	4	____
o. Mercury	(mg/l)	0.0002	0.____
p. Nitrate	(mg/l)	2.0	____.
q. Potassium	(0.2mEq/L)	8	____
r. Selenium	(mg/l)	0.09	0.____
s. Silver	(mg/l)	0.005	0.____
t. Sodium	(0.3mEq/L)	70	____
u. Sulfate	(mg/l)	100.0	____.
v. Thallium	(mg/l)	0.002	0.____
w. Zinc	(mg/l)	0.10	0.____

11. Where was the patient receiving hemodialysis when these results were obtained? .....  
(1=At home, 2=In-center)

200. Date this form completed (dd/mon/yyyy)..... \_\_\_/\_\_\_/\_\_\_

201. Username of person reviewing completeness of this form..... \_\_\_\_\_

**For Clinical Center Use Only:**

**202. Username of person entering this form:** \_\_\_\_\_

**203. Date Entered: (dd/mon/yyyy)** \_\_\_/\_\_\_/\_\_\_

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