

Frequent Hemodialysis Network NOCTURNAL TRIAL v3.0 – RESULTS OF HOME HEMODIALYSIS TRAINING – FORM #216

This form is completed only for those patients enrolled in protocol v3.0, who successfully completed their baseline home dialysis training (Form 211).

The patient must have successfully completed their first home (in-residence) dialysis, or alternatively, it is decided that patient will never be able to successfully perform their home hemodialysis.

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1. Participant ID #

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2a. Alpha Code

2b. Patient randomized to:
(1=Conventional home HD-3x/week, 2=Nocturnal home HD-6x/week)

3. Date of first official home regimen training session with dialysis staff: (dd/mon/yyyy)..... / ____ / ____

4. Date of last official home regimen training session with dialysis staff: (dd/mon/yyyy)..... / ____ / ____
For patients randomized to 6x home nocturnal, this should be the post-randomization day that the patient received final instruction on how to safely dialyze at home at night.

5. Total number of home training sessions with dialysis staff: ____

6. Total number of hours spent on home training with dialysis staff: (hours) ____

7. a. Was patient successfully able to complete their first dialysis session at their residence? (0=No, answer 7b, 1=Yes, answer 7c) ____

- b. Primary reason for not getting through training and starting home dialysis: ____
- 1=Pt. unable to understand home dialysis sufficiently to be safe having treatments at home
 - 2=Pt. is unable to physically perform home dialysis treatments
 - 3=Pt. noncompliance: the patient did not cooperate in learning how to perform home dialysis
 - 4=It was intended that a caregiver would perform the dialysis, but the caregiver is unable to understand dialysis sufficiently to safely do the treatments.
 - 5=It was intended that a caregiver would perform the dialysis treatments, but the caregiver is unable to physically perform the patient's dialysis treatments
 - 6=Caregiver noncompliance: It was intended that a caregiver would perform the home dialysis, but the caregiver did not cooperate in learning how to perform home dialysis treatments.
 - 7=Patient's residence could not be modified to accommodate home dialysis treatments due to financial constraints
 - 8=Patient's residence could not be modified to accommodate home dialysis treatments due to logistic constraints
 - 9=Patient moved away from the area and could not be monitored by the home training center before training could be completed.

Contact the DCC if you have another reason the patient was not able to complete home training. A new code will be assigned.

7. c. Date patient successfully completed their first home dialysis session at their residence:(dd/mon/yyyy) ____/____/____
(for 6x/week – this is the date patient had 1st successful overnight dialysis at home)
(for 3x/week – this is the date patient had 1st successful dialysis at home)
8. a. Was a caregiver successfully trained in home hemodialysis? (0=No, 1=Yes) ____
- b. Date caregiver successfully trained to take patient off machine in case of emergency? (dd/mon/yyyy)..... ____/____/____
9. Has the patient's caregiver learned the procedures needed to take the patient off the machine in case of emergency?(0=No, 1=Yes) ____
10. For patients randomized to the nocturnal arm who were already successfully doing home dialysis, how many additional training sessions with dialysis staff were needed to teach the patient how to dialyze at home at night?..... ____
11. For patients randomized to the nocturnal arm who were already successfully doing home dialysis, how many additional training hours with the dialysis staff were needed to teach the patient how to dialyze at home at night?..... ____

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) ____/____/____