

Frequent Hemodialysis Network RETROSPECTIVE KINETIC MODELING DATA - FORM #274

Instructions: This table is completed every month, using dialysis flow sheets to look at the past week excluding the reference day. Although the table accommodates up to 6 sessions, use only as many columns as needed (starting from the left) to cover all treatments in the preceding week, including dialysis sessions and treatments with isolated ultrafiltration only.

1. Participant ID #					2. Alpha Code		3a. Visit Type	3b. Visit Number	

4. a. Was kinetic modeling done this month? (0=No; 1=Yes)
- b. If yes, date of KM (if no, use last date within visit window): (dd/mon/yyyy) ___/___/___

Data Item	5. Session – #1	6. Session – #2	7. Session – #3
a. Treatment Date (dd/mon/yyyy)	___/___/___	___/___/___	___/___/___
b. Start Time (24 hr clock)	__:__:__	__:__:__	__:__:__
c. End Time (24 hr clock)	__:__:__	__:__:__	__:__:__
d. Predialysis weight (kg)	____.__:__	____.__:__	____.__:__
e. Minimum intradialytic systolic BP ²	____	____	____
f. Minimum intradialytic diastolic BP	____	____	____
g. Hypotensive episode? ¹	__	__	__
h. Significant interruption? ³	__	__	__
i. Pre-dialysis systolic BP	____	____	____
j. Pre-dialysis diastolic BP	____	____	____
k. Post-dialysis systolic BP	____	____	____
l. Post-dialysis diastolic BP	____	____	____
m. Post-dialysis weight (kg)	____.__:__	____.__:__	____.__:__
p. Was this a dialysis session? (0=No, isolated ultrafiltration; 1=Yes)	__	__	__

¹For Item 4g, hypotensive episode, enter 0=No, 1=Symptoms of hypotension led to lowering of UF rate or reduced blood flow, 2=Symptoms of hypotension led to administration of saline, 3=Symptoms of hypotension led to lowering of UF rate and administration of saline.
²For Item e: specify systolic and diastolic blood pressure at time of minimum systolic blood pressure.
³For Item h, significant interruption, enter 0=No, 1=Yes. For an in-center dialysis treatment, a significant interruption is any interruption of 15 minutes or greater. For a home dialysis treatment, a significant interruption is any interruption of 30 minutes or greater.

Data Item	8. Session – #4	9. Session – #5	10. Session – #6
a. Treatment Date (dd/mon/yyyy)	___/___/_____	___/___/_____	___/___/_____
b. Start Time (24 hr clock)	___:___	___:___	___:___
c. End Time (24 hr clock)	___:___	___:___	___:___
d. Predialysis weight (kg)	____.___	____.___	____.___
e. Minimum intradialytic systolic BP	_____	_____	_____
f. Minimum intradialytic diastolic BP	_____	_____	_____
g. Hypotensive episode? ¹	___	___	___
h. Significant interruption? ²	___	___	___
i. Pre-dialysis systolic BP	_____	_____	_____
j. Pre-dialysis diastolic BP	_____	_____	_____
k. Post-dialysis systolic BP	_____	_____	_____
l. Post-dialysis diastolic BP	_____	_____	_____
m. Post-dialysis weight (kg)	____.___	____.___	____.___
p. Was this a dialysis session? (0=No, isolated ultrafiltration; 1=Yes)	___	___	___

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) ___/___/_____

¹For Item 4g, hypotensive episode, enter 0=No, 1=Symptoms of hypotension led to lowering of UF rate or reduced blood flow, 2=Symptoms of hypotension led to administration of saline, 3=Symptoms of hypotension led to lowering of UF rate and administration of saline.

²For Item e: specify systolic and diastolic blood pressure at time of minimum systolic blood pressure.

³For Item h, significant interruption, enter 0=No, 1=Yes. For an in-center dialysis treatment, a significant interruption is any interruption of 15 minutes or greater. For a home dialysis treatment, a significant interruption is any interruption of 30 minutes or greater.