

**Instructions for HEMO Study Form 4: Brief Information for Selected Follow-up  
Dialysis Sessions**

Interruption time includes:

- 1) Any lowering of the blood flow rate greater than 50 ml/min
- 2) Any time when dialysate was in bypass
- 3) Any time in the middle of dialysis when either blood or dialysate flow rate was interrupted due to problems with needle placement, clotting, water pressure, or other mechanical problems, etc.

Interruption time does not include:

- 1) Periods when the ultrafiltration rate was lowered, but when blood and dialysate flow rates were maintained.

Clarification of Item 7

If a patient was not under the care of your Hemodialysis unit continuously during the specified 28 day period because of Nursing Home or Rehab, use code 3 rather than code 4 so that the DCC will not expect a hospitalization Form 13.

### HEMO Study Form 4: Brief Information for Selected Follow-Up Dialysis Sessions

This form is to be completed by the study coordinator and dialysis unit technician. Each month enter three sessions: one from the **HEMO** kinetic modelling day and two assigned by the DCC.

1. Patient Identification Number. . . . . \_\_\_\_\_
2. Patient name code . . . . . \_\_\_\_\_
3. Month/Year for which this form is being completed . . . . . \_\_\_/\_\_\_
4.
  - a. Date of HEMO study kinetic modelling session . . . . . \_\_\_/\_\_\_/\_\_\_  
(Leave a to j blank if no HEMO Study kinetic modelling was done this month.)
  - b. Was the session held in your HEMO dialysis unit?(0=No, 1=Yes). . . . . \_\_\_
  - c. Dialyzer type (from code list). . . . . \_\_\_\_\_
  - d. Start Time (24 hr clock) . . . . . \_\_\_:\_\_\_
  - e. End Time (24 hr clock) . . . . . \_\_\_:\_\_\_
  - f. Actual time of dialysis by RTD clock, if available (min) . . . . . \_\_\_\_\_
  - g. Chart dialysate flow (ml/min). . . . . \_\_\_\_\_
  - h. Blood Flow at 30 minutes (ml/min) . . . . . \_\_\_\_\_
  - i. Was total interruption time  $\geq 15$  min? (0=No, 1=Yes) . . . . . \_\_\_
  - j. Was there hypotension or symptoms requiring saline or reducing UF  
(0=No, 1=Yes). . . . . \_\_\_
5.
  - a. Date of first designated non-modelling session . . . . . \_\_\_/\_\_\_/\_\_\_
  - b. Was the session held in your HEMO dialysis unit? (0=No, 1=Yes). . . . . \_\_\_  
(If item b is 0=no, skip items c to j.)
  - c. Dialyzer type (from code list). . . . . \_\_\_\_\_
  - d. Start Time (24 hr clock) . . . . . \_\_\_:\_\_\_
  - e. End Time (24 hr clock) . . . . . \_\_\_:\_\_\_
  - f. Actual time of dialysis by RTD clock, if available (min) . . . . . \_\_\_\_\_

- g. Chart dialysate flow (ml/min)..... \_\_\_\_\_
  - h. Blood Flow at 30 minutes (ml/min) ..... \_\_\_\_\_
  - i. Was total interruption time  $\geq$  15 min? (0=No, 1=Yes) ..... \_\_\_\_\_
  - j. Was there hypotension or symptoms requiring saline or reducing UF (0=No, 1=Yes). ..... \_\_\_\_\_
6. a. Date of second designated non-modelling session ..... \_\_\_\_/\_\_\_\_/\_\_\_\_
- b. Was the session held in your HEMO dialysis unit? (0=No, 1=Yes)..... \_\_\_\_\_
  - c. Dialyzer type (from code list). ..... \_\_\_\_\_
  - d. Start Time (24 hr clock) ..... \_\_\_\_:\_\_\_\_
  - e. End Time (24 hr clock) ..... \_\_\_\_:\_\_\_\_
  - f. Actual time of dialysis by RTD clock, if available (min) ..... \_\_\_\_\_
  - g. Chart dialysate flow (ml/min)..... \_\_\_\_\_
  - h. Blood Flow at 30 minutes (ml/min) ..... \_\_\_\_\_
  - i. Was total interruption time  $\geq$  15 min? (0=No, 1=Yes) ..... \_\_\_\_\_
  - j. Was there hypotension or symptoms requiring saline or reducing UF (0=No, 1=Yes). ..... \_\_\_\_\_
7. Consider the 28-day period which began with the first Sunday of this calendar month. Was this patient under the care of your HEMO dialysis unit continuously throughout these 28 days?..... \_\_\_\_\_
- 0 = No; the patient was hospitalized part of the time
  - 1 = No; the patient was out of town part of the time
  - 2 = No; the patient was hospitalized and out of town part of the time
  - 3 = No; the patient was not under the care of your HEMO dialysis unit for some other reason
  - 4 = Yes; continuously at HEMO dialysis unit
8. How many treatments were given in the HEMO Study dialysis unit during the 28-day period? ..... \_\_\_\_\_
9. How many of these treatments consisted of isolated ultrafiltration only (without actual dialysis)?..... \_\_\_\_\_

201. Date this form completed ..... \_\_/\_\_/\_\_\_\_

202. Certification number of person completing this form ..... \_\_\_\_\_

Clinical Center Use Only

Date Form Entered \_\_/\_\_/\_\_\_\_ Verified? \_\_\_\_\_

Person Entering This Form \_\_\_\_\_