

HEMO Study Form 23: Planning Non-Adherence to Target eKt/V and Flux

(This form is filled out prior to a new intentional deviation by the clinical center from the target e(Kt/V) by over 0.15 Kt/V units or flux which is expected to last at least 2 months.)

1. Patient ID Number _____
2. Patient Name Code _____
3. Date this form completed ____/____/_____
4. eKt/V Assignment (1 = Standard, 2 = High) ____
5. Flux Assignment (1 = Low, 2 = High) ____
6. Form is being completed because ____
 1 = PI intends to deviate from prescribed eKt/V
 2 = PI intends to deviate from prescribed flux
 3 = Both 1 and 2
7. The PI intends to deviate from prescribed Kt/V or Flux because : (*Indicate all that apply*, 0 = No, not a reason, 1 = Yes, this is a reason. You may further elaborate in your narrative - see Question 12.)
 - a. Attending nephrologist or dialysis unit medical director preference ____
 - b. Patient refusal ____
 - c. The eKt/V target can no longer be reached within a feasible treatment time due to access related problems ____
 - d. The eKt/V target can no longer be reached within a feasible treatment time due to other parameters (e.g., reduction in available dialysate flow or dialyzer KoA) ____

8. The factors leading to the planned deviation include: (*Indicate all that apply*, 0 = No, not a reason, 1 = Yes, this is a reason. You may further elaborate in your narrative - see Question 12.)

- a. Unwillingness of patient or dialysis unit staff to implement required treatment time ___
- b. Declining serum albumin ___
- c. Undesired weight loss ___
- d. Pericarditis ___
- e. Neuropathy ___
- f. Pruritus ___
- g. Altered mental status ___
- h. Other ___

(If other, be sure to specify in Question 12.)

9. Anticipated start date of deviation (mm/dd/yy) ___/___/___

10. Anticipated length of time until correction of deviation. ___

1 = ≤ 4 months

2 = > 4 months

3 = Indefinite

11. Anticipated dialysis prescription during planned deviation:

- a. Anticipated prescribed dialyzer (Use dialyzer code from Form 2) ___
- b. Anticipated prescribed treatment time (min.) ___
- c. Anticipated prescribed dialysate flow rate (ml/min.) ___
- d. Anticipated prescribed blood flow rate (ml/min.) ___
- e. Anticipated number of treatments per week ___

12. Narrative: Please briefly describe the clinical circumstances which have led to the deviation in eKt/V or flux. Please include a description of any measures undertaken to resolve the deviation or to search for alternative causes of symptoms considered to be uremic. This question should be answered regardless of your responses to the previous questions on this form. Please feel free to attach any other information you feel is relevant.

201. Certification number of person completing this form _ _ _ _ _

<p>Clinical Center Use Only</p> <p>Date Form Entered ___ / ___ / _____</p> <p>Person Entering This Form _____</p>
