

Instructions for Form 33. Diet Prescription and Supplement Documentation Form

Goals

The goals of this form are to:

1. Document diet prescription at Baseline, every 12 months during Follow-Up, and whenever a diet is modified due to weight loss or low serum albumin action items, or in response to a new diagnosis of hyperlipidemia or diabetes requiring diet modification, and at the final Follow-Up visit.
2. Document use of any vitamin/mineral supplements, medical nutritional products, and use of intradialytic parenteral nutrition.
3. Document changes leading to the declaration of, and response to interventions for, a low serum albumin or weight-loss action item.

Directions

Complete this form at every occurrence listed: (1) the beginning of Baseline; (2) every 12 months during Follow-Up; (3) whenever a diet is modified for a new onset of diabetes mellitus or lipid abnormalities; (4) when diet is modified due to an action item; (5) whenever an oral enteral supplement, TF, TPN, or IDPN is modified due to an action item; and (6) at the final follow-up visit.

This data will be entered into the study database. If the item is not known or not available, leave the item blank.

The dietary prescription should be filled in, and the Renal Team should agree on what is written. Otherwise the database will be incomplete. This is a unit level problem. If you disagree with the prescription written in the chart, discuss it with the PI. It is recognized that a dietary prescription is what the patient is actually prescribed, and that it may differ from the HEMO guidelines if a new attending physician's medical judgement differs.

Instructions for Entering Amount of Supplement Prescription

Column 1. Supplement

Write in the supplement code from the List of Supplements.

Column 2. If Other, Specify

If the supplement code ends in a 98. Write in the first 32 characters of the name of the supplement.

Column 3. Dosage in One Supplement

If the supplement is a "Standard HEMO Supplement" (see attached table), this column must be left blank.

If the supplement is not a standard supplement, and it contains only one nutrient (this applies to the following: 716 Rocaltrol; 717 Calcijex; 718 Calcium Carbonate; 722 Zemplar; 723 Calcium Acetate; 808 Iron Dextran; 810 Ferrous Sulfate; 812 Ferrous Fumarate; 813 Ferrous Gluconate; 001 Folic Acid; 002 Beta Carotene; 003 Vitamin A; 004 Vitamin B6; 005 Vitamin B12; 006 Vitamin E; 007 Thiamine; 008 Zinc Sulfate; 012 Carnitor; 013 Vitamin C), write in the dosage (number of unit codes) in one tablet or liquid dose (form code) in reference to the nutrient in the supplement. For example, to code 4 tablets of 500 mg calcium carbonate/d, code 200 as the dosage amount (since one 500 mg calcium carbonate tablet contains 200 mg elemental calcium), 4 for total number “how many”, 1 as the form code, and 6 as the unit code. If the supplement is not a standard supplement and it contains multiple nutrients, leave this column blank. Notify the NCC if this supplement is used frequently at your center.

Column 4. Total Number “How Many?”

Write in how many tablets or how many liquid units a patient takes per time code.

Column 5. Form Code “of What?”

Write in the Form Code (1 = oral tablet, 2 = oral liquid, 3 = IV liquid, 4 = oral bar 5 = intramuscular liquid, 6 = subcutaneous liquid, 7 = powder).

Column 6. Unit Code “Measured in What?”

Write in the unit code (1 = ml, 2 = μg , 3 = g, 4 = cc, 5 = fl oz, 6 = mg, 7 = IU International Units). Refer to the Supplement List for the unit code. If the unit code on the list is “none”, leave this column blank.

Column 7. Time Code “Per What?”

Write in whether the patient takes this total number of this Form Code [per day (time code = 1), per week (time code = 2), per month (time code = 3), per dialysis treatment (time code = 4), or as needed (time code = 5)].

Query System for Form 33- Supplements

A query system will be used to identify coding errors of liquid oral enteral supplements and supplements in tablet form. A query will be sent out to the RD if the number of a supplement in tablet form exceeds 25 tablets/day or if the amount of a liquid oral enteral supplement exceeds 750/cc/d. The RD must verify whether the dosage amount in question is correct. The DCC will convert the supplements that are coded for “week” to “day” and also from “oz” to “cc” to determine whether a query is needed.

Fiber Supplements

Fiber supplements other than the ones listed on the Form, that are prescribed for or consumed by the patient should be coded on Form 33 as “098-other other supplement”.

HEMO Study Form 33. Diet Prescription and Supplement Documentation Form

Complete this form at the beginning of Baseline, every 12 months and at the last Follow-Up visit. Also complete this form whenever a diet is modified in response to a nutritional action item, a new onset of diabetes or lipid abnormalities. This form will be entered into the study database. If information is not known or not available, leave the item blank.

- 1. Patient Identification Number....._____
- 2. Name Code....._____
- 3a. Visit Date __/__/____
- b. Visit Type__
- 4. Week/Month Number....._____
- 5. Day Number....._____

Current Diet Prescription

- 6a. Protein, Total (g/day)_____
- b. Protein, Total (g/kg ABW/day)..... ____.
- 7a. Energy (kcal/day)_____
- b. Energy (kcal/kg ABW/day)____.
- 8. Sodium (mg/day)_____
- 9. Potassium (mg/day)_____
- 10a. Phosphorus (mg/day)_____
- b. Phosphorus (mg/kg ABW/day)..... ____.
- 11. Fluid (ml/day)....._____

Has this diet been modified for (0=no, 1=yes):

- 12a. Abnormal serum lipids ___
- b. Diabetes Mellitus ___
- c. Unintentional weight loss ___
- d. Declining serum albumin ___

13. Supplement Prescription (prescribed, not necessarily what is actually taken)
 (Refer to Form Appendix). Include all vitamins (Calcium and Iron), enteral
 supplements, etc.

Supplement	If Other, Specify	Dosage in One Supplement	Total Number "How Many"	Form Code "of What?"	Unit Code	
					"Measured in What?"	Time Code "Per What?"
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

14a. IDPN Prescription
 0=not prescribed IDPN or TPN; 1=prescribed IDPN; 2=TPN prescribed ___

If not prescribed IDPN or TPN, go to 15.

- b. Dextrose concentration (initial %) ___
- c. Dextrose volume (mL) ___

- d. Amino acid concentration (initial %)
- e. Amino acid volume (mL)
- f. Lipid concentration (initial %)
- g. Lipid volume (mL)

15. Current Supplement Usage (actual as determined by actual interview with patient)

<u>Supplement</u>	<u>If Other, Specify</u>	<u>Dosage in One Supplement</u>	<u>Total Number "How Many"</u>	<u>Form Code "of What?"</u>	<u>Unit Code</u>	
					<u>"Measured in What?"</u>	<u>Time Code "Per What?"</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

16a. IDPN Usage
 0=not receiving IDPN or TPN; 1=receiving IDPN; 2=receiving TPN.

If not receiving IDPN or TPN, go to item 201.

- b. Dextrose concentration (initial %)
- c. Dextrose volume (ml)
- d. Amino acid concentration (initial %)

- e. Amino acid volume (ml)....._____
- f. Lipid concentration (initial %)_____
- g. Lipid volume (ml)....._____
- 201. Date this form completed __/__/____
- 202. Certification number of person completing this form _____

Clinical Center Use Only	
Data Form Entered __/__/____	Verified? _____
Person Entering this Form _____	

HEMO Supplements

Code Number	Name of Supplement	Is this a Standard Supplement?	Form	Unit
Liquid Enteral Supplements				
101	Advera	yes	liquid	ml
102	Attain	yes	liquid	ml
103	Comply	yes	liquid	ml
104	Deliver 2.0	yes	liquid	ml
105	Ensure	yes	liquid	ml
106	Ensure HN	yes	liquid	ml
107	Ensure Plus	yes	liquid	ml
108	Ensure Plus HN	yes	liquid	ml
109	Ensure with fiber	yes	liquid	ml
110	Entritron	yes	liquid	ml
111	Entritron HN	yes	liquid	ml
112	Entritron RDA	yes	liquid	ml
113	Fibersource	yes	liquid	ml
114	Fibersource HN	yes	liquid	ml
115	Glucerna	yes	liquid	ml
116	Impact	yes	liquid	ml
117	Isocal	yes	liquid	ml
118	Isocal HN	yes	liquid	ml
119	Isosource	yes	liquid	ml
120	Jevity	yes	liquid	ml
121	Lipisorb	yes	liquid	ml
122	Magnacal	yes	liquid	ml
123	Meritene Liquid	yes	liquid	ml
124	Microlipid	yes	liquid	ml
125	Newtrition	yes	liquid	ml
126	Nepro	yes	liquid	ml
127	Newtrition HN	yes	liquid	ml
128	Newtrition Isofiber	yes	liquid	ml
129	Newtrition 1.5	yes	liquid	ml

HEMO Supplements

Code Number	Name of Supplement	Is this a Standard Supplement?	Form	Unit
130	Nutren 1.0	yes	liquid	ml
131	Nutren 1.0 with Fiber	yes	liquid	ml
132	Nutren 1.5	yes	liquid	ml
133	Nutren 2.0	yes	liquid	ml
134	Peptamen	yes	liquid	ml
135	Polycose	yes	liquid	ml
136	Profiber	yes	liquid	ml
137	Pulmocare	yes	liquid	ml
138	Reabilan	yes	liquid	ml
139	Reabilan HN	yes	liquid	ml
140	Replete (flavored)	yes	liquid	ml
141	Replete (unflavored)	yes	liquid	ml
142	Replete with fiber	yes	liquid	ml
143	Re/Neph Shake (low protein)	yes	liquid	ml
144	Re/Neph Shake (high protein)	yes	liquid	ml
145	Resource	yes	liquid	ml
146	Resource Plus	yes	liquid	ml
147	Suplena	yes	liquid	ml
148	Sustacal	yes	liquid	ml
149	Sustacal 8.8	yes	liquid	ml
150	Sustacal HC	yes	liquid	ml
151	Sustacal with Fiber	yes	liquid	ml
152	Traumacal	yes	liquid	ml
153	TwoCal HN	yes	liquid	ml
154	Ultracal	yes	liquid	ml
155	Boost	yes	liquid	ml
156	Ensure Light	yes	liquid	ml
157	Glucerna OS	yes	liquid	ml
158	NuBasics	yes	liquid	ml
159	Resource Fruit	yes	liquid	ml
160	Resource DM	yes	liquid	ml
161	Ensure High Protein	yes	liquid	ml

HEMO Supplements

Code Number	Name of Supplement	Is this a Standard Supplement?	Form	Unit
162	Boost Plus	yes	liquid	ml
198	Other liquid enteral supplement	no	liquid	ml
199	Unknown liquid enteral supplement	no	liquid	ml
Powdered Enteral Supplements				
201	Amin-Aid	yes	powder	g
202	Carnation Instant Breakfast	yes	powder	g
203	Casec	yes	powder	g
204	Delmark Instant Breakfast	yes	powder	g
205	Forta Shake	yes	powder	g
206	Meritene Powder	yes	powder	g
207	Pure Carbohydrate Supplement	yes	powder	g
208	Propac	yes	powder	g
209	Pro Mod	yes	powder	g
210	Polycose Powder	yes	powder	g
211	Sumacal	yes	powder	g
212	Sustacal Powder	yes	powder	g
213	Tolerex	yes	powder	g
214	Vital HN	yes	powder	g
215	Vivonex TEN	yes	powder	g
216	Vivonex VHN	yes	powder	g
217	Egg Pro	yes	powder	g
218	Essential Pro Plus	yes	powder	g
219	Perfect Protein	yes	powder	g
298	Other powdered enteral supplement	no	powder	g
299	Unknown powdered enteral supplement	no	powder	g
Semi-Solid Enteral Supplements				
301	Ensure Pudding	yes	reconstituted pudding	fl. oz.
302	Sustacal Pudding	yes	reconstituted pudding	fl. oz.
398	Other semi-solid enteral supplement	no	reconstituted pudding	fl. oz.
399	Unknown semi-solid enteral supplement	no	reconstituted pudding	fl. oz.
Solid Enteral Supplements				
401	Regain Bar	yes	bar	

HEMO Supplements

Code Number	Name of Supplement	Is this a Standard Supplement?	Form	Unit
402	Ensure Bar	yes	bar	
403	NuBasic Bar	yes	bar	
498	Other solid enteral supplement	no	bar	
499	Unknown solid enteral supplement	no	bar	
Amino Acid Tablets				
501	Aminess EAA Tablets	yes	tablet	
598	Other amino acid tablets	no	tablet	
599	Unknown amino acid tablets	no	tablet	
Vitamin Supplements				
601	Allbee with C	yes	tablet	
602	Berocca	yes	tablet	
603	Dialyvite	yes	tablet	
604	Nephrocaps	yes	tablet	
605	Nephrovite RX	yes	tablet	
606	Non-RX Nephrovite	yes	tablet	
607	Nephlex	yes	tablet	
698	Other vitamin supplement	no		
699	Unknown vitamin supplement	no		
Minerals/Calcium				
701	Caltrate Jr.	yes	tablet	
702	Equilet	yes	tablet	
703	Oscal 500	yes	tablet	
704	Phos-Lo	yes	tablet	
705	Tums	yes	tablet	
706	Tums EX	yes	tablet	
707	Tums Ultra	yes	tablet	
708	Tums 500	yes	tablet	
709	Calci-Chew	yes	tablet	
710	Calci-Mix	yes	tablet	
711	Nephro-Calci	yes	tablet	
712	Calcium Carbonate (containing 500 mg elemental calcium)	yes	tablet	

HEMO Supplements

Code Number	Name of Supplement	Is this a Standard Supplement?	Form	Unit
713	Oscal 250 + D	yes	tablet	
715	Calphron	yes	tablet	
716	Rocaltrol	no	tablet	mcg
717	Calcijex	no	IV	mcg
718	Calcium Carbonate	no	tablet or liquid	mg
719	Hil-Cal	yes	tablet	
720	Magnebind 200	yes	tablet	
721	Magnebind 300	yes	tablet	
722	Zemplar	no	IV	ml
723	Calcium Acetate	no	tablet	mg
724	Viactiv	yes	tablet	
725	Hectoral Capsule	yes	tablet	none
726	Hectoral Injection	no	IV	ml
798	Other mineral/calcium supplement	no		
799	Unknown nimeral/calcium supplement	no		
Minerals/Iron				
800	Chromagen	yes	tablet	
801	Feosol	yes	tablet	
802	Ferro Sequels	yes	tablet	
803	Niferex 150	yes	tablet	
804	Niferex 150 Forte	yes	tablet	
805	Nu-Iron	yes	tablet	
806	Slow Fe	yes	tablet	
807	Nephro-Fer	yes	tablet	
808	Iron Dextran	No	IM or IV	mg
809	Infed	Yes	IM or IV	ml
810	Ferrous Sulfate	No	tablet or liquid	mg
811	Ferrimin 150	yes	tablet	
812	Ferrous Fumarate	no	tablet	mg
813	Ferrous Gluconate	no	tablet	mg
814	Ferrex 150 Forte	yes	tablet	
815	Ferrlecit	yes	IV	ml

HEMO Supplements

Code Number	Name of Supplement	Is this a Standard Supplement?	Form	Unit
816	Venofer	yes	IV	ml
898	Other mineral/iron supplement	no		
899	Unknown mineral/iron supplement	no		
Vitamins/Mineral(s)				
901	Iberet Folic	yes	tablet	
902	Nephron FA	yes	tablet	
903	Tabron	yes	tablet	
904	Nephrovite + Iron	yes	tablet	
905	Triniscon	yes	tablet	
906	Nephro-Fer RX	yes	tablet	
907	Centrum	yes	tablet	
908	Chromagen Forte	yes	tablet	
909	Flinstones Complete	yes	ablet	
910	Multibret Folic 500	yes	tablet	
911	One A Day Women's (Plus Iron, Caldium, and Zinc)	yes	tablet	
912	Slow Fe with Folic	yes	tablet	
913	Theragran M	yes	tablet	
914	Vita-Ret Folic 500	yes	tablet	
998	Other vitamin/mineral supplement	no		
999	Unknown vitamin/mineral supplement	no		
Other Supplements				
001	Folic Acid	no	tablet	mg
002	Beta Carotene	no	tablet	IU
003	Vitamin A	no	tablet	IU
004	Vitamin B6	no	tablet	mg
005	Vitamin B12	no	tablet; IM, SQ, IV	mcg
006	Vitamin E	no	tablet	IU
007	Thiamine	no	tablet	mg
008	Zinc Sulfate	no	tablet	mg
009	Citrucel	no	powder	g

HEMO Supplements

Code Number	Name of Supplement	Is this a Standard Supplement?	Form	Unit
010	Metamucil	no	powder	g
011	Unifiber	no	powder	g
012	Carnitor	no	tablet, liquid, IV	mg
013	Vitamin C	no	tablet	mg
098	Other other supplement	no		
099	Unknown other supplement	no		

Form Code

1	tablet
2	liquid
3	IV
4	bar
5	IM
6	Subcutaneous
7	powder

Time Code

1	day
2	week
3	month
4	dialysis treatment
5	as needed

Unit Code

1	ml
2	mcg
3	g
4	cc
5	fl oz.
6	mg
7	IU (International Units)