

F210

Hemodialysis Fistula Maturation Study (HFM Study) Getting Ready for Vascular Function Study Form (Form # 210)

This form should be completed once on each day that any HFM Study vascular function study (or studies) are conducted.

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1. Identification Number PID

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2. Alphacode AC

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3. Visit Number VIST

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4. Date of vascular function test(s): (mm/dd/yyyy) VISIT_DT

5. HFM Study ID of the Vascular Function Lab used..... VFL_ID

Confirming that the patient followed instruction about fasting, exercise, smoking and medication

6. a. Is this patient currently receiving maintenance dialysis? (0=no, 1=yes) CUR_DIAL

If yes:

b. Date of last dialysis session (mm/dd/yyyy) LAST_DIAL_DT

c. Time of the end of last dialysis session (24 hour clock HH:MM) END_DIAL_TM

7. a. Date last food or liquids other than water consumed prior to the first of today's vascular function test(s) (mm/dd/yyyy)LAST_FOOD_DT

b. Time last food or liquids other than water consumed prior to the first of today's vascular function test(s) (24 hour clock HH:MM)LAST_FOOD_TM

8. Has this patient exercised after midnight the night before test date? (0=no, 1=yes) EXERCISE

9. a. Has this patient taken sildenafil (Viagra), vardenafil (Levitra) or tadalafil (Cialis) in the last seven days? (0=no, 1=yes) VIAGRA

Note: If the patient has taken any of these medications in the last seven days, DO NOT perform the NMD Vascular Function study

b. Is the patient taking any type of nitrate medication (see list in question 9c) (0=no, 1=yes, 9=unknown, DCC only) NITRATE

c. If the patient is taking any type of nitrate medication, please specify type:

1. Nitroglycerin Sublingual (under the tongue) or translingual (spray) (0=no, 1=yes)NITRO_ORAL

2. Nitroglycerin patch (0=no, 1=yes)..... NITRO_PATCH

3. Isosorbide mononitrate or dinitrate pills (e.g., Isordil, Imdur) (0=no, 1=yes) IM_DIN_PILLS

d. If the patient is taking any type of nitrate medication, please specify the timing:

1. Was sublingual or translingual nitroglycerin taken within the past 1 hour? (0=no, 1=yes)NITRO_HR

2. Was nitrate pill or nitroglycerin patch taken/used within the past 24 hours (0=no, 1=yes) NITRO_HRS

Note: It is fine to perform the NMD study if the patient has taken nitrate medications.

10. Has the patient smoked in the last 6 hours (0=no, 1=yes) SMOKE

- 11. a. Temperature in a room where vascular function testing machines are locatedRM_TEMP
- b. Temperature units (1=C, 2=F) TEMP_UNITS

- 12. Blood pressure and heart rate (*Measure on the non-ultrasound/non-access arm*)
 - a. Which extremity was used for the measurements
 (*Note: BP cuff should placed on the **upper arm** whenever possible*)
 (1=left upper arm, 2=right upper arm, 3=left forearm, 4=right forearm, 5=left leg, 6=right leg) ... EXTREMITY

Measurement 1

- b. Blood Pressure (mmHg) (systolic/diastolic)SBP1/DBP1
- c. Heart rate per minute HR1

Measurement 2

- d. Blood Pressure (mmHg) (systolic/diastolic)SBP2/DBP2
- e. Heart rate per minute HR2

Measurement 3

- f. Blood Pressure (mmHg) (systolic/diastolic)SBP3/DBP3
- g. Heart rate per minute HR3

*Note: If any of the systolic BP measurements is less than 100 mmHg, **DO NOT** perform the NMD Vascular Function study*

- 13. Vascular function studies performed on this date
 - a. Venous Plethysmography (0=no, 1=yes)..... VEN_PLETHYSM
 - b. Arterial Pulse Wave Velocity (0=no, 1=yes)..... PULSE_WAVE
 - c. Brachial Artery Flow-Mediated Dilation (FMD) (0=no, 1=yes)..... FMD
 - d. Brachial Artery Nitroglycerin-Mediated Dilation (NMD) (0=no, 1=yes) NMD

200. Date this form completed (mm/dd/yyyy)..... COMP_DT

201. Username of person completing/reviewing completeness of this form.....COMP_USER

Clinical Center Use Only
Date Form Entered (mm/dd/yyyy) ENTER_DT
Username of person entering this form ENTER_USER