## **F302**

## Hemodialysis Fistula Maturation Study (HFM/MANVAS Studies) Cannulation Form (Form # 302)

Complete this form for the first attempted cannulation and for **each** attempt at cannulation up until and including the first successful cannulation. Cannulation is considered successful if the cannulation is done using two needles (Q11 coded as "1") and the fistula is used the entire dialysis session (Q13 coded as "0" or "2".)



- 1. Identification Number PID
   2. Alphacode AC
   3. Visit Week Number VIST
   4. Date of cannulation attempt: mm/dd/yyyy VISIT\_DT
- 5. a. Cannulator role (1=technician, 2=nurse, 3=physician, 4=patient, 8=other, 9=unknown) ... CANN\_ROLE
  - b. Cannulator years of experience in hemodialysis (99 if unknown) ...... CANN\_EXP\_YRS
  - c. Patient's current dialysis unit (Use HFM Study dialysis unit code number)......CURR\_UNIT

## Details/Type of cannulation

6.	How many needles were used in the study fistula? (1=1, 2=2)NEEDLES_NO
7.	a. Size of the first needle? (1=15 g; 2=16 g; 3=17g)NEED_FIRST_SZ
	b. Size of the second needle? (1=15 g; 2=16 g; 3=17g) NEED_SEC_SZ
8.	If one needle was placed, how was it used?
9.	What cannulation technique was used? (1=conventional, 2=buttonhole, 9=unknown) CANN_TECH
10	Was there an infiltration of the study fistula at any time during the dialysis session?

- 11. Was the study fistula used with 2 needles for the entire session? (0=no, 1=yes) ENTIRE\_2\_NEED

If yes, go to Q.13

- 12. If the study fistula was not used with 2 needles for the entire session, what was done?.....ACCESS\_USE 1 = study fistula was used with one needle and one catheter port for the entire dialysis session
  - 2 = a catheter was used for part of the dialysis session
  - 3 = an AV graft was used for part of the dialysis session
  - 4 = a non-study fistula was used for part of the dialysis session
  - 5 = study fistula cannulation was attempted but unsuccessful and the dialysis session was aborted/not done
  - 6= one needle was in the study fistula and the second needle was in a non-study fistula or graft for the entire session
  - 7 = study fistula cannulation was attempted but unsuccessful. The fistula could not be used at all and the dialysis session was done using a different access.
  - 9 = unknown

If the dialysis session was aborted/not done on the day of the cannulation attempt, skip to Q.200.

- 13. Shortened session status......SHORT\_STATUS
  - 0 = Dialysis session went according to prescription and did not end early
  - 1 = Session ended early due to problems with the study fistula 2 = Session ended early due to a reason not associated with the study fistula
  - 3 = Session ended early due to a reason not associated with the study 3 = Session ended early, reason why it ended early is unknown
  - 9 = Don't know if the session ended early or not
- 14. Blood pump speeds during this dialysis session (record blood pump speeds for each 30 minute increment as listed below. If more than one speed is recorded within a 30 minute increment, choose the one that is closest to the 30 minute time increment for that question. If two times are equidistant from the stated time, use the earlier time). Do not include any pump speed data from the last 15 minutes of dialysis. For MANVAS patients, please enter blood pump speeds for at least every hour (60 min, 120 min, 180 min, etc.)

a.	Time dialysis started (24 hour clock HH:MM) DIAL_START_TM
b.	Dialysis machine blood pump speed at Time 30 min (15-44 min)BP_SPEED_30
c.	Dialysis machine blood pump speed at Time 60 min (45-74 min)BP_SPEED_60
d.	Dialysis machine blood pump speed at Time 90 min (75-104 min)BP_SPEED_90
e.	Dialysis machine blood pump speed at Time 120 min (105-134 min)BP_SPEED_120
f.	Dialysis machine blood pump speed at Time 150 min (135-164 min) BP_SPEED_150
g.	Dialysis machine blood pump speed at Time 180 min (165-194 min) BP_SPEED_180
h.	Dialysis machine blood pump speed at Time 210 min (195-224 min) BP_SPEED_210
i.	Dialysis machine blood pump speed at Time 240 min (225-254 min) BP_SPEED_240
j.	Dialysis machine blood pump speed at Time 270 min (255-284 min) BP_SPEED_270
k.	Dialysis machine blood pump speed at Time 300 min (285-314 min) BP_SPEED_300
1.	Dialysis machine blood pump speed at Time 330 min (315-344 min) BP_SPEED_330
m.	Dialysis machine blood pump speed at Time 360 min (345-374 min) BP_SPEED_360
n.	Dialysis machine blood pump speed at Time 390 min (375-404 min) BP_SPEED_390
0.	Dialysis machine blood pump speed at Time 420 min (405-434 min) BP_SPEED_420
p.	Dialysis machine blood pump speed at Time 450 min (435-464 min) BP_SPEED_450
q.	Dialysis machine blood pump speed at Time 480 min (465-494 min) BP_SPEED_480
r.	Dialysis machine blood pump speed at Time 510 min (495-524 min) BP_SPEED_510
s.	Dialysis machine blood pump speed at Time 540 min (525-554 min) BP_SPEED_540
t.	Dialysis machine blood pump speed at Time 570 min (555-584 min) BP_SPEED_570
u.	Dialysis machine blood pump speed at Time 600 min (585-615 min) BP_SPEED_600
uu.	End date of dialysis session if different from start date DIAL_END_DT

v. Time dialysis ended (24 hour clock HH:MM) .....DIAL\_END\_TM

15.	Plans	s for next cannulation	NEXT_CANN_PLAN		
	<ul> <li>1 = fistula will likely be cannulated again at the patient's next session</li> <li>2 = fistula will likely be cannulated again in less than or equal to 2 weeks</li> <li>3 = fistula will likely be cannulated again more than 2 weeks from now</li> <li>4 = this fistula will not be cannulated again. (Complete Study Fistula Abandonment Form 426)</li> <li>9 = unknown if or when this fistula will be cannulated again</li> </ul>				
16.	How	were the data on this form obtained (respond 0=no, 1=yes)			
	a.	Talked to patient or family/caregiver in person?	IN_PERSON		
	b.	Talked to patient or family/caregiver by phone?	PHONE		
	c.	Talked to a member of the surgery team?	SURG_TEAM		
	d.	Talked to staff at current/planned/future dialysis unit?	DIAL_UNIT		
	e.	Reviewed medical records?	RECORDS_REV		
	f.	Talked to the nephrology office practice including residents, fellow extenders (not at the dialysis unit)?	1 0		
200.	Date	this form completed (mm/dd/yyyy)	COMP_DT		
201.	User	name 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