

Post Stop Point Study Results Folder

Draft Form #55
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c. Draft Dialysis Delivery Data Collection Form for MDRD Phase V Study 2

Obtain data for last dialysis session prior to visit by phone or by transcribing it from dialysis unit records. For hemodialysis patients, use data from a day on which pre and post dialysis BUN were measured. The form is completed once retrospectively for the first Post Stop Point Visit, once retrospectively at the next annual type visit and prospectively for the three Phase V visits.

- 1. I.D. _____
- 2. Namecode _____
- 3. Clinic _____
 - a. Visit Type _____
 - b. Visit Number _____

For Either Type of Dialysis

- 4. a. Has residual renal function been measured in the past month? (1=yes, 2=no) _____
b. If yes, estimated GFR (ml/min) _____
- 5. a. Serum calcium date ___/___/___
b. Serum calcium level _____
- 6. a. Serum phosphorus date ___/___/___
b. Serum phosphorus level _____
- 7. a. PTH date ___/___/___
b. PTH level _____

For Hemodialysis Patients

8. Date of dialysis session / /
9. Dialyzer type: 1=Parallel Plate, 2=Hollow Fiber
10. a. Manufacturer of dialyzer (20 characters) _____
b. Number following manufacturer's name
11. a. Membrane type (see codes)
b. Membrane surface (see codes)
12. Time dialysis began :
13. Time dialysis ended :
14. Blood pump speed (per minute)
15. Pre dialysis BUN
Pre dialysis weight
16. Post Dialysis BUN
Post dialysis weight
17. Dialysis Prescription
a. Prescribed KT/V
b. Prescribed urea reduction ratio
c. Prescribed TAC urea
18. How many times per week is the patient currently being dialyzed?
19. How long is each session prescribed to last (in minutes, i.e., 3 hrs. =180)
20. a. Type of dialysate bath (1=acetate, 2=bicarbonate, 3=other)
b. Calcium content in the bath
c. Potassium content in the bath

For Peritoneal Dialysis Patients Only

- 21. Type of peritoneal dialysis (1=CAPD or 2=CCPD) _
- 22. a. Dialysis prescription (liters/day of dialysis infused) _ _ _ _
b. Daily schedule/number of exchanges per day _ _ _ _
- 23. BUN _ _ _ _
- 24. PET (Peritoneal Equilibration Test) Result _
a. D/D₀ Glucose (2 hours) _ _ _ _
b. D/D₀ Glucose (4 hours) _ _ _ _
c. D/P Creatinine (2 hours) _ _ _ _
d. D/P Creatinine (4 hours) _ _ _ _
- 25. Glucose concentration _ _ _ _

For All Forms

- 101. Date this form completed _ / _ / _
- 102. Certification number of person completing this form _ _ _ _ _
- 103. Date this form entered _ / _ / _
- 104. Certification number of person entering this form _ _ _ _ _