

**Scottish Renal Registry**  
**Annual Audit Census Day May 2014 - PD**  
**Confidential Summary and Data Collection Sheet**



Please complete this form for every patient using PD on the census day in May 2012. This includes patients who are normally registered with another unit but who are dialysing with you on that day. It also includes all your satellites.

**An expanded instruction sheet has been sent to each renal unit. A copy can be viewed on the SRR Website.**

**Once complete please return to your SRR Unit Contact, and the SRR staff will arrange for the forms to be returned to the SRR office via a courier. Thank you.**

**1. Patient ID**

**Attach Patient ID Label Here**

Name of Parent Renal Unit – refer to list	
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**2. Weight and Blood Pressure. Most recent results for PD patients**

Please record the patient's <b>dry</b> weight (nearest to census date) <b>wearing light indoor clothes and shoes</b> . Subtract weight of any PD fluid in situ (1 kg per litre of PD fluid)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> .2014 <small>DD/MM/</small> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg
Has the patient had a lower limb amputation? If Yes	Yes <input type="checkbox"/> No <input type="checkbox"/> Unilateral <input type="checkbox"/> Bilateral <input type="checkbox"/>
Please record the patient's sitting blood pressure	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> .2014 <small>DD/MM/</small> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> mmHg
Please record the patient's measured height or use alternatives	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> .2014 <small>DD/MM/</small> <input type="text"/> . <input type="text"/> <input type="text"/> m

For <b>new</b> patients <b>who have commenced RRT within last year please</b> (ie May 2013 – May 2014) enter first available weight (nearest to starting PD) and date the weight was recorded.	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>DD.MM.YYYY</small>
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**3. Calcium, Phosphate, PTH, Haemoglobin, Ferritin and Creatinine clearance Audit**

Please ensure that appropriate samples have been sent for these audits

Has the patient had a blood transfusion in the 28 days before the Hb audit sample?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
If "Yes" Date of transfusion	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> .2014 DD.MM. <input type="text"/> <input type="text"/>		
Units Transfused			

#### 4. Haemopoietic Drugs for ALL Dialysis Patients

Please insert the prescription that is in force for the following medicines on the Census Day.

**Insert "0" dose for medicines which are not prescribed. A dose or a "0" should be entered in every box in the dose column.**

Drug Name	Dose	Units		Frequency	Route		
		microg	mg		sub cut	IV	Oral
Example Epo	1000	✓		fortnightly	✓		
Example Darbepotein	0						
Example Iron	75		✓	weekly			✓
<b>Complete Below</b>							
Epo (Alfa or Beta, aka Epoetin, Eprex NeoRecormon)							
Darbepotein (aka Arenesp, Darbepotein Alfa, Nesp)							
MIRCERA							
Iron Sucrose, (aka Iron Saccharate, Venofer)							
Iron Dextran (aka CosmoFer)							
Iron Sorbitol (aka Jectofer)							
Ferrous Sulphate							
Sytron							
Other (Specify)							

<b>Completed By (Print Name)</b>	
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