

Scottish Renal Registry
Annual Audit Census Day May 2017 - PD
Confidential Summary and Data Collection Sheet



Please complete this form for every patient using PD on the census day in May 2017. 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	

2. Weight and Blood Pressure. Most recent results for PD patients

Please record the patient's dry weight (nearest to census date) wearing light indoor clothes and shoes. 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"/> . 201 <input type="text"/> DD/MM/ <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 style="color: red;" type="text"/> <input style="color: red;" type="text"/> . <input style="color: red;" type="text"/> <input style="color: red;" type="text"/> . 201 <input type="text"/> DD/MM/ <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> mmHg
Please record the patient's measured height or use alternatives	<input style="color: red;" type="text"/> <input style="color: red;" type="text"/> . <input style="color: red;" type="text"/> <input style="color: red;" type="text"/> . 201 <input type="text"/> DD/MM/ <input type="text"/> . <input type="text"/> <input type="text"/> m
For NEW patients who have commenced RRT within last year please (ie May 2016 – May 2017) 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"/> DD.MM.YYYY

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"/> . 201 <input type="text"/> DD.MM. <input type="text"/> <input type="text"/>
Units Transfused	<input type="text"/> <input type="text"/>

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		
		micro g	mg		sub cut	IV	Oral
Example Epo	1000	✓		fortnightly	✓		
Example Darbepotein	0						
Example Iron	75		✓	weekly			✓
Complete Below							
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)							

5 Phosphate Drugs

Could you ask the patient:

Are you taking one or more phosphate binder tablets?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Do you take Alfacalcidol, Calcitriol or other Vitamin D supplement?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Do you take Cinacalcet(Mimpara)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Have you had surgery to remove one or more of your parathyroid glands?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>

Completed By (Print Name)	
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