



Confidential Summary and Data Collection Sheet

Please complete this form for every patient who has HD in your unit in the census period. This includes patients who are normally registered with another unit but who are dialysing with you on those days. It also includes all your satellites.

An instruction sheet has been sent to each renal unit and can be viewed on the 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.**

<p><b>1. Patient ID</b></p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">Attach Patient ID Label Here</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Name of parent renal unit – refer to list</td> </tr> <tr> <td style="height: 20px;"></td> </tr> <tr> <td style="padding: 5px;">Location of the HD e.g. home or Satellite unit refer to list</td> </tr> <tr> <td style="height: 20px;"></td> </tr> </table>	Name of parent renal unit – refer to list		Location of the HD e.g. home or Satellite unit refer to list	
Name of parent renal unit – refer to list					
Location of the HD e.g. home or Satellite unit refer to list					

**2. Make sure SERPR is up to date for the census session including ESA and iv Iron information**

It is now possible for SRR staff to retrieve some of the HD CENSUS data from SERPR as long as the relevant screens are updated. Please use the checklist below to make sure the following items are up to date in SERPR:

**HD session screen (checklist)**

- |                             |                          |                              |                          |                        |                          |
|-----------------------------|--------------------------|------------------------------|--------------------------|------------------------|--------------------------|
| Dialysis start time         | <input type="checkbox"/> | Duration of dialysis         | <input type="checkbox"/> | Access used            | <input type="checkbox"/> |
| Pre-dialysis weight         | <input type="checkbox"/> | Dialysis stop time           | <input type="checkbox"/> | Side                   | <input type="checkbox"/> |
| Pre-dialysis blood pressure | <input type="checkbox"/> | Post-dialysis weight         | <input type="checkbox"/> | Number of needles used | <input type="checkbox"/> |
| Target weight               | <input type="checkbox"/> | Post-dialysis blood pressure | <input type="checkbox"/> | Dialysis type          | <input type="checkbox"/> |
| Dialysis start time         | <input type="checkbox"/> | UF                           | <input type="checkbox"/> |                        |                          |

**Medicines screen (checklist) Only tick Relevant Boxes**

- Is patient on some form of ESA (e.g. aranesp etc.) Yes  No
- If yes please make sure SERPR is up to date with the following:
- |          |                          |          |                          |           |                          |               |                          |
|----------|--------------------------|----------|--------------------------|-----------|--------------------------|---------------|--------------------------|
| ESA name | <input type="checkbox"/> | ESA dose | <input type="checkbox"/> | ESA units | <input type="checkbox"/> | ESA frequency | <input type="checkbox"/> |
|----------|--------------------------|----------|--------------------------|-----------|--------------------------|---------------|--------------------------|
- Is patient on some form of iv iron (e.g. venofer etc.) Yes  No
- If yes please make sure SERPR is up to date with the following:
- |           |                          |           |                          |            |                          |                |                          |
|-----------|--------------------------|-----------|--------------------------|------------|--------------------------|----------------|--------------------------|
| Iron name | <input type="checkbox"/> | Iron dose | <input type="checkbox"/> | iron units | <input type="checkbox"/> | iron frequency | <input type="checkbox"/> |
|-----------|--------------------------|-----------|--------------------------|------------|--------------------------|----------------|--------------------------|

**BP, weight etc screen**

If possible could a height be recorded on this screen if there are no previous heights recorded or write it here

Height in SERPR?

Height  .   m

**3. Census month (checklist)**

For the census month please also check for every HD patient the following blood tests:

- URR  FBC  Ferritin
- pre-dialysis Adjusted calcium  pre-dialysis phosphate  pre-dialysis PTH
- (it is important that the bone biochemistry and PTH are done on the same day)

The information on this page is not easy to retrieve automatically from SERPR so please complete the boxes below the same as previous years. THANK YOU!

**4. HD Details**

Date of HD reported for this census	<input type="text"/> <input type="text"/> . <b>05. 2017</b> (DD.MM.YYYY)
HD sessions per week	<input type="text"/> (enter 1 – 7)

**5. Weight (FOR PATIENTS STARTING IN LAST 12 MONTHS ONLY)**

For <b>new</b> patients who have commenced RRT <b>within last year: ie May 2015 – May 2017</b> Please enter pre and post weight at first dialysis or nearest to first dialysis and the date the weights were recorded.	Pre <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg Post <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg Date <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>DD.MM .YYYY</b>
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**6. Amputation information**

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"/>
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**7. Blood transfusion in last 28 days?**

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"/> . <b>2017</b>		
Units Transfused	<input type="text"/> <input type="text"/>		

**8. Vascular Access - buttonhole**

Please tick one box, which best describes the afferent (arterial) access used for HD.

Has the patient's AV fistula been cannulated using the buttonhole technique?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Has the patient been dialysed using both AV access and CVC during this session?	es <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Additional Comments/ Specification of 'Other' access:	

**9. 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"/>

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