

**Scottish Renal Registry
Annual Audit Census Day May 2018 - PD
Confidential Summary and Data Collection Sheet**



Please complete this form for every patient using PD on the census day in May 2018. 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"/> .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 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"/> <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"/> .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 2017 – May 2018) 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"/> 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"/> .201 <input type="text"/> . <input type="text"/> <input type="text"/>		

4. Drugs

Erythropoiesis stimulating agent (ie epo, aranesp or other)	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Iron Sucrose, (aka Iron Saccharate, Venofer or other)	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Phosphate Binders	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>