

**Scottish Renal Registry  
Audit Census Day April 2007  
Confidential Summary and Data Collection Sheet**



The SRR Vascular Access Survey has been extended, to examine other factors which may affect patient survival. All patients using home or hospital HD for established renal failure should be included. A separate survey form should be used for PD patients

Please complete a form for every patient attending your unit who has haemodialysis in the census period. Patients who dialyse in satellite units, and at home, should all be included, as should patients who are registered with another unit, but dialyse with you on the census day. An expanded instruction sheet has been sent to each unit, and a copy can be seen on the SRR website. <http://www.show.scot.nhs.uk/srr>. Go to | The SRR | Guidelines & Definitions | Vascular Access audit | If you need more forms, you can photocopy a blank one. The form is also available on the website. If it is not on a single A3 page, staple the pages together and **add the patient's id to every page**.

Once complete please give this form to the person coordinating the audit in your unit (list on the website). The SRR will arrange for the completed forms to be collected by courier.

Please complete all 10 Sections of this form.

**1. Patient ID**

Name of Parent Renal Unit eg Monklands	
Location of the HD eg Peterhead, Home ...	
Patient Name : Surname Forename	Use Hospital Patient ID Label if possible
Date of Birth (dd/mm/yyyy)	____/____/____

**2 The HD treatment session:**

<b>Date</b> of HD reported for this audit (ie today's date) (dd/mm/yyyy)	____/____/____						
<b>Number</b> of HD Sessions per week Please tick the appropriate box	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
What is the <b>planned duration</b> of this HD session (include HD, UF, HF, HDF ...),	□□ : □□ (hh:mm)						
What <b>time</b> will (or did) this session start?	□□ : □□ (hh:mm)						
<b>What is the mode of treatment?</b> <b>Please tick one box?</b>	Tick one response below ✓						
Haemodialysis with or without simultaneous UF							
Haemodialysis and isolated ultrafiltration							
Haemofiltration							
Haemodiafiltration							
Other (please state)							
Which <b>dialyser</b> is to be used? Manufacturer and type (code number)?							
What <b>dialysate</b> is to be used Manufacturer and type (code number)?							
<b>What is the dialysate (bath) concentration of:</b>	Fill in below						
Potassium [K <sup>+</sup> ]	□□□	mmol/L					
Magnesium [Mg <sup>++</sup> ]	□□□	mmol/L					
Bicarbonate [HCO <sub>3</sub> <sup>-</sup> ]	□□□	mmol/L					

please ensure both sides are completed – if copying the form – add patient id to every page Thank you

### 3 The patient

What is the patient's ethnic origin? Ask the patient to choose from the list on the audit guidance sheet	
Do you agree with this? Y/N	
Does the patient smoke cigarettes? Y/N	
If "N" has the patient ever smoked cigarettes? Y/N	
If the patient is a past cigarette smoker – in what year did they stop?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> yyyy
Please record the patient's pre dialysis weight in kg wearing light indoor clothes without shoes.	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg
What is the patient's dry weight?	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg
Please record the patient's pre dialysis sitting blood pressure	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> mmHg

### 4. Vascular Access

4.1 Please tick one box which best describes the afferent (arterial) access used for HD on the Census Day

Fistula:	Right	Left
Radiocephalic		
Brachiocephalic		
Brachiobasilic		
Ulnacephalic		
Radioulnar		
Popliteal to long saphenous		
Artery to artery fistula (give details)		
AV Fistula details not known		

Graft:	Right	Left
Radial artery to antecubital vein		
Brachial artery to subclavian vein		
Brachial artery to axillary vein		
Brachial artery to brachial vein		
Brachial artery to cephalic vein		
Brachial artery to basilic vein		
Axillary artery to axillary vein		
Femoral artery to femoral vein		
Popliteal artery to internal jugular vein		
Popliteal artery to femoral vein		
Axillary artery to jugular vein		
Femoral artery to jugular vein		
Femoral artery to renal vein		
AV Graft details not known		

Needled but details not known	Right	Left
Needles used through the skin but access type not known		

Vein Loop	Right	Left
Brachial artery to brachial vein		
Brachial artery to basilic vein		
Femoral artery to femoral vein		
Vein Loop details not known		

Non Tunnelled CV Catheters ("Lines")	Right	Left
Non tunnelled internal jugular vein catheter		
Non tunnelled subclavian vein catheter		
Non Tunnelled femoral vein catheter		
Non Tunnelled Line details not known		

Tunnelled CV Catheters ("Lines")Line	Right	Left
Tunnelled internal jugular vein catheter		
Tunnelled subclavian vein catheter		
Tunnelled femoral vein catheter		
Subcutaneous Implanted eg "LifeSite"		
Tunnelled Line details not known		

Comment: Please only use this box if required to explain a complex situation that is not covered in the list above. In that case please add you name so that we can contact you for further help if necessary	Comment  Your name
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4.2 If a fistula or graft was used, how many needles were used?

Tick one box

Two for the entire session	
One for all or part of the session	

4.3 If a central venous catheter was used, has the patient ever used a fistula or graft for a complete treatment session?

This patient has had at least one complete HD session using only an AV fistula or graft for vascular access Y / N	
If "Y" give the date of the last (most recent) occasion dd/mm/yyyy (If unsure, give approximate date)	____/____/____

4.4

When was the vascular access used for today's session created/inserted? (dd/mm/yyyy)	____/____/____
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**5 Blood samples start of HD .**

Please tick 3 boxes below to confirm that you have the following as described in the SRR audit guideline You do *not* have to enter the results here.

Pre HD sample for URR	✓ to confirm sample taken	
Haemoglobin Sample taken	✓ to confirm sample taken	
Serum Ferritin Sample taken	✓ to confirm sample taken	
Has the patient had a blood transfusion in the 28 days before the Hb audit sample? Y (date) / N please tick	Yes - date if known ____/____/____	No

**6 Machine settings**

After one hour on treatment

What is the average blood flow in the extracorporeal circuit through the dialyser (Qb)?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mL/min
If on HD, what is the dialysate flow through the dialyser (Qd)?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mL/min

**7 Blood samples end of HD**

Please tick the box to confirm that you have taken the post HD blood sample for URR You do *not* have to enter the results here.

URR Samples taken	✓ to confirm sample taken
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### 8. Post-treatment observations:

What was the actual duration of the entire treatment session (including HD and UF)? This will be the total extracorporeal treatment time	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> (hh:mm)
If periods of haemodialysis alone and isolated ultrafiltration were used, please give the duration of each component If HD and UF were used at the same time leave the next two rows blank.	
Duration of haemodialysis alone?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> (hh:mm)
Duration of ultrafiltration alone?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> (hh:mm)
If the mode of treatment was HF or HDF, what was the volume of replacement = substitution fluid?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mL
What was the lowest BP recorded during this HD session?	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> mmHg
Was this lowest BP associated with an symptoms of hypotension? Y/N	
What was the patient's weight at the end of the session?	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg

### 9. Haemopoietic Drugs

Please record 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 – see example.

Drug Name	Dose	Units	Frequency	Route
<i>Example Epo</i>	<i>1000</i>	<i>u</i>	<i>3 x week</i>	<i>Sub cut</i>
<i>Example NESP</i>	<i>0</i>			
<i>Example Iron</i>	<i>75</i>	<i>mg</i>	<i>weekly</i>	<i>I V</i>
Complete Below				
Epo (Alfa or Beta, aka Epoetin, Eprex NeoRecormon)				
NESP (aka Arenesp, Darbepotein Alfa)				
CERA				
Iron Sucrose, (aka Iron Saccharate, Venofer)				
Iron Dextran (aka CosmoFer)				
Iron Sorbitol (aka Jectofer)				

### 10 How long did you spend filling in this form?

In total, how many minutes did it take you to fill in this form for this patient?	<input type="text"/> <input type="text"/> minutes
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Now please ensure that this form is returned to your local coordinator as soon as possible.

A courier will be arranged to deliver the forms from your units to

Scottish Renal Registry, Glasgow Royal Infirmary, Walton Building, Glasgow, G4 0SF

File SRR\_census\_day\_form.doc  
 ver date author comment  
 01 01 march 2006 AS AH JMcD KS  
 17 22 march 2007 KS AS MB 2007 qn added

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