

Patient Name	
Patient CHI Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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## Scottish Renal Registry

### Audit Census Day June 2009

Ver 3



#### Confidential Summary and Data Collection Sheet

Please complete this form for every patient who dialyses in your unit on the census day. 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.**

**Please complete all 6 Sections of this form.**

#### 1. Patient ID

Name of parent renal unit – refer to list	
Location of the HD eg home or refer to list	

**DO NOT COMPLETE THIS SECTION – THIS WILL BE ENTERED BY SRR STAFF**

PRU	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Location	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Patient's SRR Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

#### 2. HD Details

Date of HD reported for this census	<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)
HD sessions per week	<input type="text"/> (enter 1 – 7)
What is the planned duration of this HD session	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> (hh:mm)
What time will (or did) this session start	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> (hh:mm)

#### 3. Today's Pre dialysis weight, pre and post dialysis blood pressure and height

Please record the patient's pre dialysis weight, wearing light indoor clothes without shoes.	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg
Please record the patient's post dialysis weight, wearing light indoor clothes without shoes.	<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
Please record the patient's post dialysis sitting blood pressure	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> mmHg
Please record the patient's height	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> m
For new patients who have commenced HD within last year please enter pre and post weight at first dialysis or nearest to first dialysis.	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

#### 4. Calcium and phosphate, haemoglobin and URR audits

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"/>
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This is a 2 sided form please ensure both sides are completed and returned to your unit contact – Thank you.

<b>Completed By: (Print Name)</b>	
<b>Date</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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### 5. Vascular Access

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

<b>Fistula:</b>	<b>Right</b>	<b>Left</b>
Radiocephalic		
Brachiocephalic		
Brachiobasilic		
Ulnacephalic		
Radioulnar		
Popliteal to long saphenous		
AV Fistula details not known		

<b>Graft:</b>	<b>Right</b>	<b>Left</b>
Radial artery to antecubital 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		

<b>Needed but details not known</b>	<b>Right</b>	<b>Left</b>
Needles used through the skin but access type not known		

<b>Vein Loop</b>	<b>Right</b>	<b>Left</b>
Brachial artery to brachial vein		
Brachial artery to basilic vein		
Femoral artery to femoral vein		
Vein Loop details not known		

<b>Non Tunnelled CVC Catheters ("Lines")</b>	<b>Right</b>	<b>Left</b>
Non tunnelled internal jugular vein catheter		
Non tunnelled subclavian vein catheter		
Non Tunnelled femoral vein catheter		
Non Tunnelled Line details not known		

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

**Additional Comments:** (if required to explain a complex situation that is not covered in the list above)

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### 6. Haemopoietic Drugs

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		
		Mcg	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)							
CERA							
Iron Sucrose, (aka Iron Saccharate, Venofer)							
Iron Dextran (aka CosmoFer)							
Iron Sorbitol (aka Jectofer)							