



Annual Audit Census Day May 2010 - HD

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.**

<b>1. Patient ID</b>  <b>Attach Patient ID Label Here</b>	Name of parent renal unit – refer to list
	Location of the HD eg home or refer to list

**2. HD Details**

Date of HD reported for this census	□□.□□.□□□□ (dd.mm.yyyy)
HD sessions per week	□ (enter 1 – 7)
What is the planned duration of this HD session	□□ : □□ (hh:mm)
What time will (or did) this session start	□□ : □□ (hh:mm)
Is the patient receiving HDF?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**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 <b>with shoes</b> .	□□□. □ kg
Please record the patient's post dialysis weight, wearing light indoor clothes <b>with shoes</b> .	□□□. □ kg
Please record the patient's pre dialysis sitting blood pressure	□□□/ □□□ mmHg
Please record the patient's post dialysis sitting blood pressure	□□□/ □□□ mmHg
Please record the patient's height	□.□□□ 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 and the date the weights were recorded.	Pre □□□. □ kg Post □□□. □ kg Date □□/□□/□□□□ DD /MM /YYYY

**4. Calcium, Phosphate, PTH, Haemoglobin, Ferritin 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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### 5. Vascular Access

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

<b>Fistula:</b>	<b>Right</b>	<b>Left</b>	<b>Vein Loop</b>	<b>Right</b>	<b>Left</b>
Radiocephalic			Brachial artery to brachial vein		
Brachiocephalic			Brachial artery to basilic vein		
Brachiobasilic			Femoral artery to femoral vein		
Ulnacephalic			Vein Loop details not known		
Radioulnar			<b>Non Tunnelled CVC Catheters ("Lines")</b>		
Popliteal to long saphenous			Non tunnelled internal jugular vein catheter		
AV Fistula details not known			Non tunnelled subclavian vein catheter		
<b>Graft:</b>	<b>Right</b>	<b>Left</b>	Non Tunnelled femoral vein catheter		
Radial artery to antecubital vein			Non Tunnelled Line details not known		
Brachial artery to axillary vein			<b>Tunnelled CV Catheters ("Lines")Line</b>		
Brachial artery to brachial vein			Tunnelled internal jugular vein catheter		
Brachial artery to cephalic vein			Tunnelled subclavian vein catheter		
Brachial artery to basilic vein			Tunnelled femoral vein catheter		
Axillary artery to axillary vein			Subcutaneous Implanted eg "LifeSite"		
Femoral artery to femoral vein			Tunnelled Line details not known		
Popliteal artery to internal jugular vein			<b>Needed but details not known</b>		
Popliteal artery to femoral vein			Needles used through the skin but access type not known		
Axillary artery to jugular vein					
Femoral artery to jugular vein					
Femoral artery to renal vein					
AV Graft details not known					

Has the patient been cannulated using the buttonhole technique?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**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		
		microg	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)							
Other (specify)							