

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

Ver 03
May 2008



The SRR Steering Group has agreed to combine our regular audits of haemoglobin, URR, calcium and phosphate with a survey of patients on dialysis for ERF.

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. Further copies of this document and the instruction sheet are available on the SRR website <http://www.show.scot.nhs.uk/SRR> or you can photocopy a blank form.

Once completed please give this form to the person responsible for entering data onto the Renal Unit Electronic Patient Record or the Scottish Renal Registry. They will deal with data entry and then send the form to the SRR office.

Please complete all Sections of this form.

1. Patient ID

Name of Parent Renal Unit eg Monklands	
Location of the HD eg Home or Peterhead...	
Patient Name : Surname Forename	Hospital Patient ID Label would be ideal here
Date of Birth (dd/mm/yyyy)	____/____/____

2. Dialysis (Please tick one box)

On PD

On HD (home or hospital) if HD please complete the section below

Date of HD reported for this Census	____/____/____														
HD Sessions per week Please tick the appropriate box	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	1	2	3	4	5	6	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
What is the planned Duration of this HD session	<input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/> (hh:mm)														
What time will (or did) this session start	<input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/> (hh:mm)														

3. Weight and Blood Pressure. Pre HD or most recent results for PD patients

Please record the patient's pre dialysis weight in kg wearing light indoor clothes without shoes. For PD patients, subtract 1 kg per litre of PD fluid	<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

This is a 2 sided form please ensure both sides are completed – Thank you

4. URR Audit for HD Patients

Please tick the box below to confirm that you have done or will do the routine May URR samples as described in the SRR guideline and that you will submit the result to the SRR in the normal way for your unit (eg via your Electronic Patient Record).

You do **not** have to enter the results here.

URR Samples taken	
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5. Calcium and Phosphate Audit for ALL Dialysis Patients

Please tick the box below to confirm that you have done or will do the routine May Calcium and Phosphate samples as described in the SRR guideline and that you will submit the result to the SRR in the normal way for your unit (eg via Electronic Patient Record).

You do **not** have to enter the results here.

Sample taken for adjusted Calcium	
Sample taken for Phosphate	

6. Haemoglobin Audit for ALL Dialysis Patients

Please tick 3 boxes below to confirm that you have or will measure the following as described in the SRR guideline on Haemoglobin Audit You do **not** have to enter the results here.

Sample taken for Haemoglobin		
Sample taken for serum Ferritin		
Has the patient had a blood transfusion in the 28 days before the Hb audit sample?	Yes	No

7. Haemopoietic Drugs for ALL Dialysis Patients

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
Example Epo	1000	u	3 x week	Sub cut
Example NESP	0			
Example Iron	75	mg	weekly	I V
Complete Below				
Epo (alfa or beta, aka Epoetin, Eprex, NeoRecormon)				
Darbepotein alfa aka Arenesp,				
CERA				
Iron sucrose, (aka Iron Saccharate, Venofer)				
Iron dextran (aka CosmoFer)				
Iron sorbitol (aka Jectofer)				

Now please ensure that this form is returned by your local coordinator as soon as possible to the Scottish Renal Registry, Glasgow Royal Infirmary, Walton Building, Glasgow, G4 0SF