

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



The SRR Survey has been extended, to examine factors which may affect patient survival. All patients using any mode of PD for established renal failure should be included. A separate survey form should be used for HD patients.

Please complete a form for every patient attending your unit who uses PD in the census period. Patients should be included if they are registered with another unit, but attend your unit 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. Sections 1 to 6 can be done from clinical records.

1 Patient ID

Name of Parent Renal Unit eg Monklands	
Location of the patient when you completed this form eg , Home, nursing home, RIE	
Patient Name : Surname Forename	Use Hospital Patient ID Label if possible
Date of Birth (dd/mm/yyyy)	____/____/____

2 Mode of peritoneal dialysis:

What is the mode of treatment? Please tick one box

CAPD 4 exchanges per day	
CAPD 3 exchanges per day	
Automated PD without a daytime exchange	
Automated PD with 1 daytime exchange	
Automated PD with 2 daytime exchanges	
Other (please state)	

3 Peritoneal Access

Please describe the access used for PD on the Census Day

Type of PD catheter e.g. Curlcath	
Mode of catheter insertion (surgical or medical)	
Date of prior catheter removals and reason for removal eg exit-site or tunnel infection, peritonitis, failed peritoneal access, PD no longer required	

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

4 History of peritonitis

Total number of prior episodes of PD related peritonitis ie from the start of RRT for ERF	<input type="text"/> <input type="text"/> <input type="text"/>
If the patient has ever had PD related peritonitis, complete the rest of this section	
Date of last episode of peritonitis (dd/mm/yyyy)	____/____/____
Causative organism of last episode of peritonitis	
Diagnosis of encapsulating peritoneal sclerosis (Y/N/possible)	

5 Adequacy of PD Audit

Has PD adequacy ever been assessed ? Y/N	
If "Y" date adequacy samples were last taken (dd/mm/yyyy)	____/____/____
24 hour urine volume (if anuric answer 0 mL)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mL
Date of last 24 hour urine collection for adequacy	____/____/____
Mean of renal urea and creatinine clearance (litres per week)	<input type="text"/> <input type="text"/> <input type="text"/> L/wk
Peritoneal creatinine clearance (litres per week)	<input type="text"/> <input type="text"/> <input type="text"/> L/wk
Total (Renal and peritoneal) creatinine clearance (litres per week per 1.73M ²)	<input type="text"/> <input type="text"/> <input type="text"/> L/wk
Total (renal and peritoneal) weekly Kt/V urea	<input type="text"/> <input type="text"/> . <input type="text"/>
Most recent serum albumin concentration (please see below – also measure serum albumin in April or when the patient is next seen)	<input type="text"/> <input type="text"/> g/L
Date of serum albumin concentration dd/mm/yyyy	____/____/____

6 PD Details

Date data reported for this Census (ie today's date) (dd/mm/yyyy)	____/____/____
Date of start of current use of PD (dd/mm/yyyy)	____/____/____
Total volume of dialysate prescribed per day (litres)	<input type="text"/> <input type="text"/> . <input type="text"/> L
Total volume of 1.36% dextrose prescribed per day (litres)	<input type="text"/> <input type="text"/> . <input type="text"/> L
Total volume of 2.25 % dextrose prescribed per day (litres)	<input type="text"/> <input type="text"/> . <input type="text"/> L
Total volume of 3.86/4.25 % dextrose prescribed per day (litres)	<input type="text"/> <input type="text"/> . <input type="text"/> L
Total volume of Extraneal dextrose prescribed per day (litres)	<input type="text"/> <input type="text"/> . <input type="text"/> L
Total volume of Nutrineal dextrose prescribed per day (litres)	<input type="text"/> <input type="text"/> . <input type="text"/> L
Are biocompatible dextrose solutions (Physioneal or Balance) used? Y/N	
IF YES please specify which biocompatible dextrose solution are used by this patient	

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7 About 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	<input type="checkbox"/>
Does the patient smoke cigarettes? Y/N	<input type="checkbox"/>
If "N" has the patient ever smoked cigarettes? Y/N	<input type="checkbox"/>
If the patient is a past cigarette smoker – in what year did they stop?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> yyyy
Please record the patient's height in cm.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> cm
Please record the patient's weight in kg wearing light indoor clothes without shoes, drained out. (subtract wt of last bag if PD fluid is in)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> kg
What is the patient's dry weight?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> kg
Please record the patient's sitting blood pressure	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> mmHg

8 Blood samples for audit audit.

Please tick 3 boxes below to confirm that you have or will send the samples to your lab as described in the SRR audit guideline You do *not* have to enter the results here.
For PD patients, please send the samples as early as possible on or after the first Monday in April. You do not need to give the patient an extra appointment for this.

Haemoglobin Sample taken	✓ to confirm sample taken	
Serum Ferritin Sample taken	✓ to confirm sample taken	
Serum albumin measured	✓ 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

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?

minutes

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 renal unit to the 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	
19	23 march 2007	RM KS	Added RMs PD qns

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