

# AUST. & N.Z. DIALYSIS AND TRANSPLANT SURVEY

THIS SECTION FOR ALL PATIENTS

REGISTRY NUMBER  1 INITIAL HOSPITAL Hospital/State Hosp. Unit No. CURRENT PARENT HOSPITAL Hospital/State Hosp. Unit No. Physician (Optional)

2 Surname  Given Names  3 DATE OF BIRTH    4 SEX

5 RACIAL ORIGIN (Record from list)  IF ABORIGINAL-Resident State at Entry  6 PRIMARY RENAL DISEASE (Record from list)  OTHER  7 BIOPSY  Y/N 8 SE. CREATININE AT ENTRY

9 COUNTRY OF BIRTH (If Australia or NZ - Tick box) AUST  NZ  OTHER COUNTRY (Please specify)  10 POSTCODE AT ENTRY     AUSTRALIAN KIDNEY FOUNDATION

11 CO-MORBID CONDITIONS AT ENTRY LATE REFERRAL <3 MTHS BEFORE FIRST TREATMENT (Y/N)  HEIGHT (cms)  WEIGHT (kg)  CIGARETTE SMOKING N=Never F=Former C=Current  HYPERTENSION REQUIRING TREATMENT (Y/N)

DISEASE AT ENTRY AND DURING CURRENT SURVEY

Y=Yes N=No S= Suspected	CHRONIC LUNG Y/S/N	CORONARY ARTERY Y/S/N	PERIPHERAL VASCULAR Y/S/N	CEREBRO VASCULAR Y/S/N	DIABETES N=No O=Type 1 Insulin dependent P=Type 2 Non Insulin requiring Q=Type 2 Insulin requiring
AT ENTRY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CURRENT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OTHER CO-MORBID CONDITIONS (Write in)

AT ENTRY	PREVIOUS ENTRIES	CURRENT
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

12 CENTRE OF TREATMENT HOSPITAL / CENTRE NAME (Write in or Tick if same)  CENTRE CODE  DATE TRANSFER  Enter geographical location at Death or End of Survey CURRENT  LAST

13 ON TRANSPLANT WAITING LIST (Dialysis Patients Only) Y=Yes N=No CURRENT  LAST  14 HEPATITIS C ANTIBODY 1=Positive 2=Negative 3=Not done CURRENT  LAST

15 COURSE OF TREATMENT - COMPLETE ACCORDING TO CODE

	CODE	DAY	MTH	YR	CODE	DAY	MTH	YR	CODE	DAY	MTH	YR
A Hospital APD / IPD	1st				18th				35th			
C Satellite APD / IPD	2nd				19th				36th			
E Home APD / IPD	3rd				20th				37th			
L Hospital/Outpatient CAPD	4th				21st				38th			
M Home CAPD	5th				22th				39th			
B Hospital HD	6th				23rd				40th			
D Satellite HD	7th				24th				41st			
F Home HD	8th				25th				42nd			
G Transplant in AUST/NZ	9th				26th				43rd			
H Date of last post graft dialysis	10th				27th				44th			
X Transplant Overseas	11th				28th				45th			
I Graft function Temporary/ Permanently ceased (Date return to dialysis)	12th				29th				46th			
J Own kidney function recovered. Dialysis ceased	13th				30th				47th			
K Date of last visit if lost to follow up	14th				31st				48th			
Z DATE OF DEATH	15th				32nd				49th			
	16th				33rd				50th			
	17th				34th				51st			

16 CANCER EVER? Y/N  If Yes, enter separate Cancer Form 17 CAUSE OF DEATH (Record from list)  OTHER  18 WAS GRAFT SUSTAINING LIFE?  Without dialysis at time of death Y=Yes N=No

19 PARENTHOOD HAS THIS PATIENT BECOME PREGNANT OR FATHERED A CHILD DURING THIS SURVEY  Y=Yes N=No If Yes, please complete the Pregnancy Outcome sheet DATE OF LAST OUTCOME

THIS SECTION FOR ALL PATIENTS DIALYSED AT ANY TIME DURING THIS SURVEY PERIOD

20 TYPE OF DIALYSIS  (See list) 21 DRY WEIGHT AT LAST DIALYSIS  kg (HD and PD Patients) 22 UNCORRECTED CALCIUM  mmol/l (See instructions on the back of the form) 23 PHOSPHATE  mmol/l 24 HAEMOGLOBIN  g/l Last Available 25 EPO AGENT  Y=Yes N=No 26 FERRITIN  ug/l Within last 3 mths of Survey or record not done 27 % SATURATION IRON (Transferrin Saturation)

## HAEMODIALYSIS

28 DIALYSER BRAND (Write in) CODE  BRAND NAME AND MODEL  29 BLOOD FLOW RATE  Pump Speed (mls/min) 30 SESSIONS PER WEEK  31 HOURS PER SESSION  32 UREA REDUCTION or Kt/V Method  Value  (See List)

33 ACCESS IN USE (Functioning only) Enter for ALL PATIENTS ON HAEMODIALYSIS at the end of Survey

USED AT FIRST HD  IN USE AT PRESENT  1=Native 2=Synthetic 3=Tunnel CV Catheter 4=Non Tunnel CV Catheter DECLETTED during Survey Y=Yes N=No D=Declocted and revised REVISED during Survey N=No S=Surgical A=Angioplasty B=Both

IN THE EVENT OF THE PATIENT HAVING BOTH HD AND PERITONEAL DIALYSIS DURING THE SURVEY COMPLETE SECTIONS 20-40 INCLUSIVE

## ALL PERITONEAL DIALYSIS

34 PET TEST (Once Only) Within first 6 mths  (Dx / Plasma Creatinine at 4 hours) 35 CONNECTION SYSTEM CODE  (Write in) 36 PERITONITIS DATE OF FIRST EPISODE  37 NUMBER OF EPISODES OF PERITONITIS  During this Survey 38 TOTAL VOLUME OF WEEKLY EXCHANGES  (Litres/week)

39 DIALYSATE CREATININE CLEARANCE  Adjusted for Body Surface Area Range 10-200 Litres/week 40 DIALYSATE WEEKLY Kt/V  Range 0.1 - 5.0 41 RESIDUAL CREATININE CLEARANCE  Adjusted for Body Surface Area (Litres/week/1.73 m<sup>2</sup>) 42 REASON FOR TRANSFER FROM CAPD / APD (Record from list)

CURRENT GRAFT (IN THE EVENT OF BOTH GRAFT FAILURE AND RETRANSPLANT IN THIS SURVEY - USE A NEW FORM)

43 GRAFT NUMBER  44 DATE OF THIS TRANSPLANT  45 REFERRING HOSPITAL  46 DONOR HOSPITAL  47 TRANSPLANT HOSPITAL  48 RECIPIENT ANTIBODY STATUS CMV  EBV  AT GRAFT 1=Positive 2=Negative 3=Not done 49 NUMBER REJECTION EPISODES THIS SURVEY  (Complete acute rejection form for each episode) (at any time)

50 DONOR DETAILS SOURCE  AGE  SEX  51 TOTAL ISCHAEMIA  (Hours) 52 IMMEDIATE FUNCTION  (See list) 53 DISEASE IN GRAFT  If Yes 54 DATE FIRST PROVEN  (eg. Graft biopsy) 55 CAUSE OF GRAFT FAILURE  OTHER  (Record from list)

56 MONOCLONAL / POLYCLONAL THERAPY (Record from list)

COURSE	DATE	AGENT	OTHER	NUMBER OF DOSES GIVEN	REASON	OTHER
1st	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

57 TOTAL DAILY DRUG DOSE (mg)

TOTAL INITIAL ORAL DOSE	1 MTH	2 MTH	3 MTH	6 MTH	1 YR	2 YR	3 YR	5 YR	7 YR	10 YR	15 YR	20 YR	25 YR	30 YR	35 YR
CYA	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AZA	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PRED	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TACROL	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MMF	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SIROL	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

58 CYA SPARING DRUG 0=NOT GIVEN 1=GIVEN (eg DILTIAZEM - KETOCONAZOLE - VERAPAMIL)

59 BODY WEIGHT (kg)

60 SERUM CREATININE  umol/L

FOR OFFICE USE ONLY

61 HLA TYPING RECIPIENT BLOOD GROUP  DONOR  A  B  DR  DQ  62 PRA AND CROSSMATCH MAXIMUM  CURRENT