

INSTRUCTIONS FOR DIALYSIS AND TRANSPLANTATION SURVEY COMPILATION
PLEASE READ THE EXPLANATORY NOTES BEFORE COMMENCING TO FILL IN THE FORMS
Please complete the form using neat capitals and in pencil

5 – RACIAL ORIGIN

- 1 Caucasoid
- 2 Australian Aborigine
- 3 Chinese
- 4 Maori
- 5 Arab
- 63 Cook Islander
- 64 Samoan
- 65 Tongan
- 66 Torres Strait Islander
- 69 Pacific Islander – other (**specify**)
- 7 Indian
- 8 Indonesian
- 9 Malay
- 10 Filipino
- 11 Vietnamese
- 20 Other (**specify**)
- 00 Patient objects to answering question

Mixed race coded by patient's assessment

6 - PRIMARY RENAL DISEASE

Results of ANCA (Anti Neutrophil Cytoplasmic Antibody) test in association with glomerulonephritis should be entered in box marked OTHER

- 100 Presumed GN, type undefined histologically (no biopsy)
- 110 Focal sclerosing GN (including hyalinosis)
- 121 Mesangiocapillary GN with subendothelial deposits (double contour)
- 122 Mesangiocapillary GN with intramembranous deposits (dense deposit disease)
- 130 Membranous GN
- 140 Extra and intra capillary GN (extensive crescents - clinically rapidly progressive)
- 151 Mesangial proliferative (IgA+ positive)
- 152 Mesangial proliferative (IgA- negative)
- 153 Mesangial proliferative (no I.F. studies)
- 160 Focal and segmental proliferative GN (including focal necrotising)
- 170 Advanced GN (unclassified = end stage)
- 180 GN with systemic disease (**specify**)
- 181 Goodpasture's syndrome with linear IgG and lung haemorrhage
- 182 Proliferative GN with linear IgG -no lung haemorrhage
- 183 SLE
- 184 Henoch-Schonlein purpura
- 185 Wegener's Granulomatosis
- 186 Microscopic Polyarteritis
- 187 Scleroderma
- 190 GN other (**specify**)
- 191 Familial GN (**specify Alport's - yes or no**)
- 200 Analgesic nephropathy
- 300 Renal vascular disease due to malignant hypertension (NO primary renal disease)
- 301 Renal vascular disease – type unspecified
- 302 Renal vascular disease – due to hypertension (nephrosclerosis) (NO primary renal disease)
- 303 Atheroembolic disease (cholesterol emboli)
- 304 Bilateral renal artery stenosis
- 400 Polycystic kidney disease
- 401 Medullary cystic disease
- 402 Infantile/juvenile polycystic kidney disease
- 500 Reflux nephropathy
- 600 Pyelonephritis
- 700 Calculi
- 701 Gout
- 801 Diabetes – Type 1 (insulin dependent) [**Juvenile onset**]
- 802 Diabetes – Type 2 (non-insulin requiring)
- 803 Diabetes – Type 2 (insulin requiring) [**Mature onset**]
- 000 Other (**specify**)
- 001 Uncertain diagnosis
- 002 Lead nephropathy
- 003 Cadmium toxicity
- 004 Renal tuberculosis
- 005 Amyloid disease
- 006 Haemolytic uraemic syndrome
- 007 Cortical necrosis
- 008 Interstitial nephritis
- 009 Congenital renal hypoplasia and dysplasia
- 010 Loss of single kidney (trauma, surgery)
- 011 Megaureter
- 012 Oxalosis
- 013 Cystinosis
- 014 Balkan nephropathy
- 015 Renal cell carcinoma (GRAWITZ)
- 016 Transitional cell carcinoma of urinary tract
- 017 Paraproteinaemia (including multiple myeloma)
- 018 Light chain nephropathy (benign)
- 019 Lithium toxicity

PRIMARY RENAL DISEASE cont...

- 020 Post partum nephropathy
- 021 Sarcoidosis
- 031 Posterior urethral valves
- 032 Pelvi-ureteric junction obstruction
- 033 Obstructed megaureter
- 034 Neuropathic bladder
- 035 Non-obstructed dilated bladder and ureters (megacystitis – megaureter)
- 036 Spina bifida or myelomeningocele
- 037 Bladder neck obstruction (incl. prostatomegaly)
- 039 Other lower urinary tract abnormalities (with secondary reflux) (**specify**)
- 040 Ureteric obstructive nephropathy
- 041 Obstructive nephropathy

17 - CAUSE OF DEATH

CARDIAC

- 10 Myocardial ischaemia (presumed)
- 11 Myocardial ischaemia and infarction
- 12 Pulmonary oedema
- 13 Hyperkalaemia
- 14 Haemorrhagic pericarditis
- 15 Hypertensive cardiac failure
- 16 Cardiac arrest – cause uncertain
- 17 Other causes of cardiac failure (**specify**)

VASCULAR

- 21 Pulmonary embolus
- 22 Cerebrovascular accident
- 23 Gastrointestinal haemorrhage
- 24 Haemorrhage from dialysis access site
- 25 Haemorrhage from transplant artery
- 26 Aortic aneurysm – rupture
- 27 Haemorrhage from elsewhere (**specify**)
- 28 Bowel infarction

INFECTION

Please enter code for nature of infective organism, after the code for site of infection. Please **specify type of organism**
eg Staph, CMV, Candida, etc

eg **321 Lung infection – bacterial (staph)**
322 Lung infection – viral (CMV)

- | | |
|---|-------------|
| 31 CNS | 1 Bacterial |
| 32 Lung | 2 Viral |
| 33 Urinary tract | 3 Fungal |
| 34 Wound | 4 Protozoa |
| 35 Shunt | 5 Other |
| 36 Peritoneum | |
| 37 Septicaemia – site unknown (specify organism) | |
| 38 Liver (incl viral hepatitis) (specify A, B, CMV, herpes, etc) | |
| 39 Other site (specify) | |

SOCIAL

- 40 Withdrawal for psycho-social reasons
- 41 Patient refused further treatment (**specify reason**)
- 42 Suicide
- 43 Therapy ceased for any other reason (**specify**)
- 44 Accidental death (**specify**)
- 45 Withdrawal for cardiovascular comorbid conditions
- 46 Withdrawal for cerebrovascular comorbid conditions
- 47 Withdrawal for peripheral vascular comorbid conditions
- 48 Withdrawal related to malignancy
- 49 Withdrawal related to dialysis access difficulties (AVF, Tenckhoff, etc)

MISCELLANEOUS

- 50 Hepatic failure
- 51 Uraemia caused by graft failure
- 52 Pancreatitis
- 53 Bone marrow depression
- 54 Cachexia
- 55 Unknown
- 56 Malignant disease
- 57 Perforation of abdominal viscus – peptic ulcer, diverticulum, appendix
- 58 Dialysis dementia (aluminium)
- 59 Other (**specify**)
- 60 Immunodeficiency due to viral infection (**specify organisms involved**)
- 61 Chronic respiratory failure
- 62 Sclerosing peritonitis

20 – TYPE OF DIALYSIS

- 11 Haemodialysis – plate dialysers
- 12 Haemodialysis – hollow fibre dialysers
- 15 Haemofiltration
- 16 Haemodiafiltration
- 20 Peritoneal – bags no cyclers
- 21 Peritoneal – continuous ambulatory (CAPD)
- 22 Peritoneal – automated (APD)
- 23 Peritoneal – intermittent cyclers (IPD)
- 25 Peritoneal – other (**specify**)

21 – DRY WEIGHT

At end of survey, transplantation or death.

22 – UNCORRECTED CALCIUM

Not corrected for albumin

Midweek, predialysis and closest to end of Survey

23 – PHOSPHATE

Midweek, predialysis and closest to end of Survey

24 – HAEMOGLOBIN

Midweek, predialysis and closest to end of Survey

32 – URR or Kt/V Please enter method used

- A Urea Reduction Ratio % (URR)
- B Kt/V (by BIostat)
- C Kt/V (by UKM)
- D Kt/V (by DAUGIRDAS – single pool)
- E Kt/V (other method – **specify**)

Kt/V (for HD patients) Range 0.5 – 2.2

UREA REDUCTION RATIO %

(Pre dialysis urea – post dialysis urea) x 100 = **URR%**
Pre dialysis urea

Pre dialysis urea:

Blood should be drawn from the 'arterial' needle immediately prior to dialysis, at a mid-week dialysis session

Post dialysis urea:

Blood is again drawn from the 'arterial' needle and this should occur **within 20 seconds** after cessation of the blood pump (alternatively the pump can be turned down to 50 ml/min) – this is to avoid problems with recirculation

33 – TYPE OF ACCESS USED AT FIRST HAEMODIALYSIS

Leave blank if initial renal replacement treatment was not haemodialysis.

34 – PET TEST (Required **Once Only** per patient)

Standard Peritoneal Dialysis Equilibration Test performed 1-6 months after initiation of PD (2.5% 2 litre exchanges)

Provide dialysis/plasma creatinine at 4 hours
Range 0.1 – 1.2

39 to 41 – PD CLEARANCE STUDIES

Generated from a 24 hour collection of PD effluent and urine

39 DIALYSATE CREATININE CLEARANCE (per week)

24 hour dialysate creatinine only

Range 10 - 200 litres / week

Litres / week / 1.73 m² Body Surface Area

40 DIALYSATE WEEKLY Kt/V

Range 0.1 – 5.0

41 RESIDUAL CREATININE CLEARANCE

Litres / week / 1.73 m² Body Surface Area

42 – REASON FOR TRANSFERS

*** BETWEEN CAPD and APD or**

*** TRANSFER FROM CAPD / APD to HD**

- 10 Recurrent / persistent peritonitis
- 11 Acute peritonitis
- 15 Tunnel / exit site infection
- 16 Diverticulitis
- 20 Inadequate solute clearance
- 21 Inadequate fluid ultrafiltration
- 27 Abdominal abscess
- 30 Dialysate leak
- 31 Catheter block
- 32 Haemoperitoneum
- 35 Hernia
- 36 Abdominal pain
- 40 Abdominal surgery
- 41 Sclerosing peritonitis
- 45 Haematuria
- 46 Pleural effusion
- 50 Patient preference
- 51 Unable to manage self-care
- 60 Recovery of renal function
- 70 Transplantation
- 80 Death
- 81 Transfer outside Australia
- 82 Other surgery
- 83 Hydrothorax
- 99 Other (**specify**)

50 – SOURCE OF DONOR KIDNEY

- 1 Cadaver
- 2 Sister (if twin, record 6 or 7)
- 3 Brother (if twin, record 6 or 7)
- 4 Mother
- 5 Father
- 6 Monozygotic (identical) twin
- 7 Dizygotic (non-identical) twin
- 8 Other related living donor (**specify**)
- 9 Son
- 10 Daughter
- 11 Husband
- 12 Wife
- 13 Cousin
- 14 Unrelated living donor (**specify**)

51 – TOTAL ISCHAEMIA (HOURS)

From time of donor renal artery interruption or aortic clamp, until time of release of renal artery in the recipient (clamp off)

52 – IMMEDIATE FUNCTION

- 1 Spontaneous fall in se.creatinine by 10% within 24 hours
- 2 Spontaneous fall in se.creatinine by 10%, first recorded between 25-72 hours
- 3 Poor immediate function No spontaneous fall in se.creatinine within 72 hours; but no dialysis needed
- 4 No immediate function No spontaneous fall (> 10%) in se.creatinine; dialysis required within 72 hours

53 – DISEASE IN GRAFT **Histologically proven**

Complete this section for **FUNCTIONING or FAILED GRAFTS**

Y = Disease recurrence

– primary renal disease and disease in graft the same

D = De novo glomerulonephritis

– primary renal disease known and not the same

G = Glomerulonephritis in graft

– primary renal disease unknown or not biopsied

In cases of glomerulonephritis, where histological confirmation of recurrence may be uncertain, enter as G

55 – CAUSE OF GRAFT FAILURE

REJECTION

- 10 Hyperacute rejection (within 48 hours of transplantation)
- 20 Acute rejection at anytime, causing graft failure
- 40 Chronic allograft nephropathy (slow progressive loss of renal function, not due to recurrent original disease)

VASCULAR

- 50 Renal artery stenosis
- 51 Renal artery thrombosis
- 52 Renal vein thrombosis
- 53 Renal vessel haemorrhage (primary)
- 54 Renal vessel haemorrhage (secondary)
- 55 Embolus – thrombo
- 56 Embolus – cholesterol
- 57 Haemolytic uraemic syndrome

TECHNICAL

- 60 Non-viable kidney (due to pre-transplant cortical necrosis)
- 61 Cortical necrosis Post transplant (not due to rejection)
- 70 Ureteric and bladder problems

GLOMERULONEPHRITIS

- 82 Mesangiocapillary GN with subendothelial deposits
- 83 Mesangiocapillary GN with intramembranous deposits (dense deposit disease)
- 84 Focal sclerosing GN (including hyalinosis)
- 85 Membranous GN
- 86 Mesangial proliferative GN (IgA positive)
- 87 Goodpasture's syndrome
- 88 Intra and extra capillary GN with extensive crescents (clinically rapidly progressive)
- 89 Other (**specify**)

DRUG THERAPY

- 90 Complications of drug therapy requiring reduction or withdrawal of steroid and/or immunosuppressants
- 91 Non-compliance with therapy – causing graft failure
- 92 Rejection following I/S reduction due to malignancy
- 93 Rejection following I/S reduction due to infection

MISCELLANEOUS

- 00 Other (**specify**)
- 01 Donor malignancy
- 02 Malignancy invading graft

56 – MONOCLONAL / POLYCLONAL THERAPY

Record in order of administration, each separate course of such drugs; a second course of the same drug should be separately recorded
Complete the requested details regarding, date, identity of drug, number of doses given, and reason for administration, according to the following codes

TYPE OF AGENT

NUMBER OF

- | | |
|---------------------------------------|----------------------|
| 2 Daclizumab (Zenepax) | |
| 4 OKT3 | Record actual number |
| 5 Intravenous Immunoglobulin | of doses given |
| 6 Basilixmab (Simulect) | |
| 7 Rituximab | |
| 8 Polyclonal anti T cell | |
| 9 Other monoclonal (specify) | |

REASON FOR USE

- 1 Prophylaxis
- 7 Treatment for acute rejection
- 8 Other (**specify**)

57 – TOTAL DAILY DRUG DOSE

Enter the total daily dose for each drug where applicable; if an unlisted drug is used, enter the name in the space provided marked **OTHER**

Only those drugs taken at the listed intervals should be entered; where necessary provide the dose recorded on the closest day preceding the requested time interval

The initial drug dose (at zero months) is **the first oral maintenance dose**; do **NOT** enter the intravenous loading doses administered at or shortly after transplantation