

Ontario Renal Reporting System (ORRS)
Chronic Renal Failure Patients on
Renal Replacement Therapy

FOLLOW-UP (HEMODIALYSIS)—2011

Fax/Upload THIS CONFIDENTIAL INFORMATION TO:
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Please complete one follow-up form for every living hemodialysis patient being treated at your centre on October 31, 2011.

(Patient label may be attached if same information is provided.)

Hospital Name: _____

Patient Last Name: _____

Patient First and Middle Names: _____

Current Health Card Number: _____

Province of Health Card: _____

Current Postal Code: |__|__|__| |__|__|__|

Date of Birth: |__|__|/|__|__|/|__|__| (DD/MON/YYYY)

Hospital City: _____

Hospital Number: _____

Affix patient label, if available.

1. Provide complete details on the latest available laboratory results for this patient. Date cannot exceed December 31, 2011.

Test	Reference Range*	Laboratory Results	Date of Test (MON/YYYY)	Test Not Done
Hemoglobin (g/L) (pre-dialysis)	60-140 g/L	_____ g/L	__ __ __ / __ __ __	<input type="checkbox"/>
Creatinine (µmol/L) (pre-dialysis)	300-1,500 µmol/L	_____ µmol/L	__ __ __ / __ __ __	<input type="checkbox"/>
Urea (mmol/L) (pre-dialysis)	15-40 mmol/L	_____ mmol/L	__ __ __ / __ __ __	<input type="checkbox"/>
Urea (mmol/L) (post-dialysis)	5-20 mmol/L	_____ mmol/L	Should be the same date as above.	
<input type="checkbox"/> Serum bicarbonate (mmol/L) (pre-dialysis) OR	20-30 mmol/L	_____ mmol/L	__ __ __ / __ __ __	<input type="checkbox"/>
<input type="checkbox"/> Serum CO ₂ (mmol/L) (pre-dialysis)				
Serum calcium (mmol/L) (pre-dialysis)	Various ranges—please specify: <input type="checkbox"/> 2.10-2.60 mmol/L uncorrected <input type="checkbox"/> 2.22-2.62 mmol/L corrected <input type="checkbox"/> 1.19-1.29 mmol/L ionized	_____ mmol/L	__ __ __ / __ __ __	<input type="checkbox"/>
Serum phosphate (mmol/L) (pre-dialysis)	1.5-1.8 mmol/L	_____ mmol/L	__ __ __ / __ __ __	<input type="checkbox"/>
Serum albumin (g/L)	25-50 g/L	_____ g/L	__ __ __ / __ __ __	<input type="checkbox"/>
Serum parathormone (PTH) (pmol/L; ng/L or pg/ml)	Various ranges—please specify: <input type="checkbox"/> 1.3-7.6 pmol/L <input type="checkbox"/> 18-73 ng/L <input type="checkbox"/> 10-65 pg/ml	_____	__ __ __ / __ __ __	<input type="checkbox"/>
Ferritin (within nearest six months) (pmol/L or µg/L)	50-500 pmol/L Males 14-610 µg/L Females 8-125 µg/L	_____ <input type="checkbox"/> pmol/L <input type="checkbox"/> µg/L	__ __ __ / __ __ __	<input type="checkbox"/>
Iron profile (for example, % saturation, serum iron, transferrin, TIBC)	<input type="checkbox"/> Iron saturation (25%-50%) <input type="checkbox"/> Serum iron (9-32 µmol/L) and TIBC (45-81 µmol/L) <input type="checkbox"/> Serum iron (9-32 µmol/L) and Transferrin (2.0-4.0g/L)	_____	__ __ __ / __ __ __	<input type="checkbox"/>
Diabetic? <input type="checkbox"/> No <input type="checkbox"/> Yes → If yes: HbA _{1c}	4%-12% (0.04-0.12)	_____ %	__ __ __ / __ __ __	<input type="checkbox"/>

2. Is the patient currently receiving erythropoietin? (If patient is temporarily on hold from erythropoietin on October 31 but typically receives it, check "Yes.")

☐ No ☐ Yes → If yes: Product used: ☐ Epnex ☐ Aranesp ☐ Other
Route of administration: ☐ IV ☐ Subcutaneously
Frequency of administration: ☐ Weekly ☐ Every two weeks ☐ Every three weeks ☐ Monthly ☐ Other: _____
Total dose within period of administration: _____

* Will depend on laboratory procedures.

Treatment of Secondary Hyperparathyroidism:Currently on Vitamin D therapy? ☐ Yes ☐ NoIf Yes → ☐ calcitriol ☐ alfacalcidol ☐ both ☐ otherCurrently on Phosphate binder therapy? ☐ Yes ☐ NoIf Yes → ☐ calcium carbonate ☐ sevelamer ☐ both ☐ other
☐ calcium acetate ☐ aluminum ☐ lanthanum carbonateCurrently on cinacalcet HCl? ☐ Yes ☐ No ☐ UnknownHas the patient had a parathyroidectomy? ☐ Yes ☐ No ☐ Unknown**Iron Supplementation:**

3. a) Is the patient currently on iron?

☐ No (1) ☐ Yes → Specify: ☐ Oral (2) ☐ IV (3) ☐ Both (4)
☐ On Hold (5)

b) Has the patient been on iron during the past three months?

☐ No (1) ☐ Yes → Specify: ☐ Oral (2) ☐ IV (3) ☐ Both (4)
☐ On dialysis less than three months (8)

c) If the patient has been on dialysis for 12 months or more, has the patient been on iron during the past year?

☐ No (1) ☐ Yes → Specify: ☐ Oral (2) ☐ IV (3) ☐ Both (4)
☐ On dialysis less than one year (8)

4. a) Patient pre-dialysis weight (kg): _____

Patient post-dialysis weight (kg): _____

→ Date taken: _____
(DD/MON/YYYY)

b) For pediatric patients only (patients younger than 18):

Height (cm): _____

→ Date taken: _____
(DD/MON/YYYY)

Conversion factors: 1 lb = 0.454 kg; 1 inch = 2.54 cm

5. a) Hemodialysis frequency (treatments per week): _____

b) Number of hours per treatment: _____

6. Which access was the patient using on the date the laboratory results were obtained?

☐ Temporary catheter non-cuffed (1)☐ Temporary catheter cuffed (2)☐ Permanent catheter non-cuffed (3)☐ Permanent catheter cuffed (4)☐ Fistula (5) → How do you monitor the fistula function in this patient?☐ Not monitored☐ Total access blood flow (1) →

Last flow (mL/min): _____

Date: _____
(MON/YYYY)☐ Re-circulation (2) →

Last re-circulation (%): _____

Date: _____
(MON/YYYY)☐ Other☐ Graph (6) → How do you monitor the graph function in this patient?☐ Not monitored☐ Total access blood flow (1) →

Last flow (mL/min): _____

Date: _____
(MON/YYYY)☐ Venous pressure (2) →

Last dynamic venous pressure (mmHg)

at a blood flow of 200 mL/min: _____

Date: _____
(MON/YYYY)☐ Other

6a. Patient also has other access:

☐ Catheter → What type? 1 / 2 / 3 / 4 {Encircle one.}☐ Fistula (5)☐ Graft (6)7. Is the patient *currently active* on the deceased donor renal transplant waiting list?☐ Yes/Active ☐ Unknown ☐ Being worked up for living donor☐ On Hold ☐ In work up ☐ Not suitable