

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

**FOLLOW-UP (HEMODIALYSIS)—2015**

Upload THIS CONFIDENTIAL INFORMATION TO:  
Ontario Renal Network  
c/o Cancer Care Ontario  
620 University Avenue, 15<sup>th</sup> Floor  
Toronto, Ontario M5G 2L7  
Phone: 416-971-9800 x 2924



Please complete one follow-up form for every living hemodialysis patient being treated at your centre on October 31, 2015.  
(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, 2015.

| Test   | Reference Range*  | Laboratory Results  | Date of Test (DD/MM/YYYY)         | Test Not Done            |
|--|---|---|-----------------------------------|--------------------------|
| Hemoglobin (g/L) (pre-dialysis)  | 60-140 g/L  | _____ g/L   | _ _ _ / _ _ _ / _ _ _ _           | <input type="checkbox"/> |
| Ferritin (within nearest six months) (pmol/L or µg/L)  | 50-500 pmol/L   | _____   | _ _ _ / _ _ _ / _ _ _ _           | <input type="checkbox"/> |
|  | Males 14-610 µg/L   | <input type="checkbox"/> pmol/L <input type="checkbox"/> µg/L |                                   |                          |
|  | Females 8-125 µg/L  |   |                                   |                          |
| Iron profile (for example, % saturation, serum iron, transferrin, TIBC)                        | <input type="checkbox"/> Iron saturation (25%-50%)  | _____   | _ _ _ / _ _ _ / _ _ _ _           | <input type="checkbox"/> |
|  | <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)  | _____   |                                   |                          |
| 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) <b>OR</b>                   | 20-30 mmol/L  | _____ mmol/L  | _ _ _ / _ _ _ / _ _ _ _           | <input type="checkbox"/> |
| <input type="checkbox"/> Serum CO <sub>2</sub> (mmol/L) (pre-dialysis)                         |   |   |                                   |                          |
| Serum calcium (mmol/L) (pre-dialysis)  | Various ranges—please specify:<br><input type="checkbox"/> 2.10-2.60 mmol/L uncorrected<br><input type="checkbox"/> 2.22-2.62 mmol/L corrected<br><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 parathormone (PTH) (pmol/L; ng/L or pg/ml)   | Various ranges—please specify:<br><input type="checkbox"/> 1.3-7.6 pmol/L<br><input type="checkbox"/> 18-73 ng/L<br><input type="checkbox"/> 10-65 pg/ml  | _____   | _ _ _ / _ _ _ / _ _ _ _           | <input type="checkbox"/> |
| Diabetic? <input type="checkbox"/> No <input type="checkbox"/> Yes → If yes: HbA <sub>1c</sub> | 4%-12% (0.04-0.12)  | _____ %   | _ _ _ _ / _ _ _ _                 | <input type="checkbox"/> |
| Serum albumin (g/L)  | 25-50 g/L   | _____ g/L   | _ _ _ / _ _ _ / _ _ _ _           | <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: ☐ Aranesp/Darbopoietin ☐ Eprex/Epoetin ☐ Other  
Route of administration: ☐ IV ☐ Subcutaneous  
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 ☐ No ☐ UnknownIf Yes, Drugs: → ☐ Alfacalcidol ☐ Rocaltrol/Calcitriol ☐ Both ☐ Other Vit.D drugCurrently on Phosphate binder therapy? ☐ Yes ☐ No ☐ UnknownIf Yes, specify: → ☐ Calcium Carbonate ☐ Sevelamer (Renagel) ☐ Both  
☐ Other Phosphate binder ☐ 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 ☐ Yes → Specify: ☐ Oral ☐ IV ☐ Both  
☐ Intramuscular (IM) ☐ On Hold

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

☐ No ☐ Yes → Specify: ☐ Oral ☐ IV ☐ Both  
☐ Intramuscular (IM)  
☐ On dialysis less than three months

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

☐ N ☐ Yes → Specify: ☐ Oral ☐ IV ☐ Both  
☐ Intramuscular (IM)  
☐ On dialysis less than one year

4. a) Patient pre-dialysis weight (kg): \_\_\_\_|\_\_\_\_|\_\_\_\_|•|\_\_\_\_|

Patient post-dialysis weight (kg): \_\_\_\_|\_\_\_\_|\_\_\_\_|•|\_\_\_\_|

→ Date taken: \_\_\_\_|\_\_\_\_|\_\_\_\_|/\_\_\_\_|\_\_\_\_|\_\_\_\_|/\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|  
(DD/MM/YYYY)

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

Height (cm): \_\_\_\_|\_\_\_\_|\_\_\_\_|•|\_\_\_\_|\_\_\_\_|

→ Date taken: \_\_\_\_|\_\_\_\_|\_\_\_\_|/\_\_\_\_|\_\_\_\_|\_\_\_\_|/\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|  
(DD/MM/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 of the following types of access was the patient using on the date when the laboratory results were obtained?

☐ Catheter

- ☐
- 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?☐ Total access blood flow (1) →

Last flow (mL/min): \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

Date: \_\_\_\_|\_\_\_\_|\_\_\_\_|/\_\_\_\_|\_\_\_\_|\_\_\_\_|/\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|  
(DD/MM/YYYY)☐ Re-circulation (2) →

Last re-circulation (%): \_\_\_\_\_

Date: \_\_\_\_|\_\_\_\_|\_\_\_\_|/\_\_\_\_|\_\_\_\_|\_\_\_\_|/\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|  
(DD/MM/YYYY)☐ Not monitored ☐ Doppler☐ Ultrasound ☐ Other☐ Graft (6) → How do you monitor the graft function in this patient?☐ Total access blood flow (1) →

Last flow (mL/min): \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

Date: \_\_\_\_|\_\_\_\_|\_\_\_\_|/\_\_\_\_|\_\_\_\_|\_\_\_\_|/\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|  
(DD/MM/YYYY)☐ Venous pressure (2) →

Last dynamic venous pressure (mmHg)

at a blood flow of 200 mL/min: \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

Date: \_\_\_\_|\_\_\_\_|\_\_\_\_|/\_\_\_\_|\_\_\_\_|\_\_\_\_|/\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|  
(DD/MM/YYYY)☐ Not monitored ☐ Doppler☐ Ultrasound ☐ Other

6a. Patient also has other access:

☐ No 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 ☐ No ☐ Unknown☐ Being worked up for a living donor transplant☐ In work up for deceased donor ☐ On Hold