

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

FOLLOW-UP (PERITONEAL DIALYSIS)—2015

Upload THIS CONFIDENTIAL INFORMATION TO:

Ontario Renal Network
c/o Cancer Care Ontario
620 University Avenue, 15th 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		
Iron profile (for example, % saturation, serum iron, transferrin, TIBC)	Females 8-125 µg/L			
	<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"/>
<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	_____ mmol/L	_ _ _ / _ _ _ / _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	<input type="checkbox"/>
	<input type="checkbox"/> 2.22-2.62 mmol/L corrected			
	<input type="checkbox"/> 1.19-1.29 mmol/L ionized			
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:			
	<input type="checkbox"/> 1.3-7.6 pmol/L		_ _ _ / _ _ _ / _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	<input type="checkbox"/>
	<input type="checkbox"/> 18-73 ng/L			
	<input type="checkbox"/> 10-65 pg/ml			
Diabetic? <input type="checkbox"/> No <input type="checkbox"/> Yes → If yes: HbA _{1c}	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/Epoietin ☐ Other
Route of administration: ☐ IV ☐ Subcutaneous
Frequency of administration: ☐ Weekly ☐ Every two weeks ☐ Every three weeks ☐ Monthly ☐ Other: _____
Total dose within period of administration: _____

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?

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

4. a) Patient weight at clinic attendance (kg):

|_|_|_|_| • |_|_|

Patient is: ☐ Empty of PD fluid (0) ☐ Full of PD fluid (1)

→ Date when weight was 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) Weekly creatinine clearance (L/1.73 m²/week)

Residual renal (R) _____

Peritoneal (P) _____

Total (R + P) _____

→ Date taken: |_|_|_|/|_|_|_|/|_|_|_|_|_|_|
(DD/MM/YYYY)☐ Patient not yet tested ☐ Not routinely done

b) Weekly Kt/V (Urea)

Residual renal (R) _____

Peritoneal (P) _____

Total (R + P) _____

→ Date taken: |_|_|_|/|_|_|_|/|_|_|_|_|_|_|
(DD/MM/YYYY)☐ Patient not yet tested ☐ Not routinely done

c) Peritoneal membrane transport status

(Please use results of first PET.)

☐ Low (1) ☐ Low Average (2)
☐ High (3) ☐ High Average (4)
☐ Patient not yet tested ☐ Patient declined test
☐ Test not routinely done

6. Type of peritoneal dialysis:

☐ CAPD*(Includes manual exchanges. It can also include the use of a night exchange device to do one automated exchange per 24 hours. If more than one automated exchange is done, it should be considered APD.)*

If CAPD

→ Volume of fluid per exchange (mL): _____

→ Number of exchanges per day: _____

→ Total volume per day (mL): _____

→ Is a night exchange device used?

☐ No ☐ Yes☐ APD (includes all other types of PD)

If APD

→ Volume cycled per night (mL): _____

→ Dwell volume on cycler (mL): _____

→ Volume of individual day dwells (mL): _____

→ Number of day dwells: _____

☐ Both

6a. Patient also has other access:

☐ Catheter → type of catheter: {Encircle one.}

1. Temporary non-cuffed
2. Temporary cuffed
3. Permanent non-cuffed
4. Permanent cuffed

☐ Fistula (5)☐ Graft (6)

7. Is the patient using amino acid dialysate?

☐ No ☐ Yes

8. Is this patient using non-dextrose (that is, icodextrin, no amino acid added) dialysate?

☐ No ☐ Yes9. 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