

## ACUTE KIDNEY INJURY SUB-STUDY

### Form A: UPON ICU ADMISSION

Please complete the below data as of the date and time of the patient's admission to ICU

**1. Baseline Renal function Assessment (last known prior to or at hospital admission)**

- Baseline serum Creatinine
  - \_\_\_\_\_
    - Mol
    - mg/dL
    - $\mu$ mol/L
- Urine Specific gravity (USG)
  - \_\_\_\_\_
- Proteinuria (how many +)
  - \_\_\_\_\_
- Haematuria (how many +)
  - \_\_\_\_\_

Date of renal function assessment \_\_\_\_\_ dd-mm-yyyy

**2. Has the patient receive the following drugs since hospital admission (Tick all that apply)**

- NSAIDS
- Aminoglycoside
- Vancomycin
- Diuretics
- ACEI/ARBs
- Not Known / Unavailable

**Form B: AKI ICU DAILY**

**Please complete the below data as part of daily CRF or in line with the regime for the BASIC CRF**

0. Date of follow up \_\_\_\_\_ dd-mm-yyyy
1. Did the patient receive any of the following drugs since last data collection (Tick all that apply)
- NSAIDS
  - Aminoglycoside
  - Vancomycin
  - Loop Diuretics (Furosemide equivalents)
  - Non-loop diuretics, specify \_\_\_\_\_
  - Not Known/Unavailable
2. Daily Laboratory and Clinical Values in the last 24hrs
- Today's cumulative fluid balance \_\_\_\_\_ (mls)
  - Carboxyhaemoglobin value on ABG \_\_\_\_\_ (%)
3. Did the patient receive Renal Replacement therapy today (or since last data collection)?
- Yes [If yes, Go to Form C]
  - No

**Form C: DIALYSIS TREATMENT**  
**Completed only in Patients in ICU receiving Dialysis**

0. **Date of treatment** \_\_\_\_\_ dd-mm-yyyy  
**Start time of treatment** \_\_\_\_\_ (24hr)

1. **What was the indication for the last dialysis session? (Tick all that apply)**

- Acidosis
- Electrolytes
- Uraemia
- Fluid Overload
- Other (Specify) \_\_\_\_\_
- Unavailable

2. **What was the type of Renal Replacement therapy used for this session? (Tick all that apply)**

- Dialysis
- Ultrafiltration  
\_\_\_\_\_ UF rate (mL/kg/hour)
- Intermittent  
\_\_\_\_\_ dose of dialysis (mL/kg)
- Continuous  
\_\_\_\_\_ length of time on CRRT last 24hrs (hours)
- Peritoneal dialysis

3. **What anticoagulation did the patient receive for this Dialysis session? (Tick all that apply)**

- Citrate
  - dilute
  - concentrated
- Unfractionated heparin
- LMWH Heparin
- Other (Specify) \_\_\_\_\_

4. **If the patient received Citrate then: Dialysis-related Laboratory Values**

- Total Calcium \_\_\_\_\_ (mmol/L)
- Ionized Calcium \_\_\_\_\_ (mmol/L)

5. **Were there any Renal Replacement related complications? (Tick all that apply)**

- Thrombosis
- Bleeding (major vs minor)
- Filter clotting requiring circuit change
- Hypocalcaemia
- Other (Specify) \_\_\_\_\_
- None

**Form D: Outcomes Form**  
**Please complete upon ICU Discharge and Hospital Discharge**

1. Is this patient still dialysis dependent at ICU discharge?

Yes

No

2. If No, what was their most recent serum Creatinine prior to ICU discharge?

Creatinine \_\_\_\_\_

Mol

mg/dL

$\mu\text{mol/L}$

3. Is this patient still dialysis dependent at Hospital discharge?

Yes

No

4. If No, what was their most recent serum Creatinine prior to hospital discharge?

Creatinine \_\_\_\_\_

Mol

mg/dL

$\mu\text{mol/L}$