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
     - ☐ µmol/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

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
   - μmol/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
   - μmol/L