PrEvalence of Acute and Chronic Kidney Disease treated by Renal Replacement Therapy in the ICU Environment (PEACE)

A prospective international, multi-centre, prevalence study on the epidemiology of the use of renal replacement therapy for ICU patients who have acute kidney injury and chronic end stage kidney disease.

Centre study date

☐ March 25th 2015. ➔ day 30 = April 24th 2015, and day 60 = May 24th, 2015

☐ April 22nd 2015. ➔ day 30 = May 22nd 2015, and day 60 = June 21st 2015

Day 60 is for both study days on a Sunday; therefore, serum creatinine data may be collected on as close as possible to this day.

Inclusion criteria

☐ Patient present in the ICU at time of the study date (date starting at 0:00 h, ending at 23:59 h)
☐ Age 18 years or older
☐ Study performed as per approval of the local ethics committee

Exclusion criteria

None
New Patient Entry:

**Admission date Hospital** : ____________ (dd/mmm/yyyy)

**Admission date ICU** : ____________ (dd/mmm/yyyy)

**First meeting AKI 3 criterion** : ____________ (dd/mmm/yyyy)

**RRT initiation** : ____________ (dd/mmm/yyyy)

**Form of RRT for this patient:**
- CRRT
- SLED or intermittent
- Peritoneal dialysis
- Not treated with RRT

**Patient data:**

**Age:** ______

**Gender:**
- Male ☐
- Female ☐

**Race or ethnicity:**
- White ☐
- Black / African American ☐
- Asian ☐
- Hispanic or Latino ☐
- Other ☐
  - Specify: ________________

**Height:** _____ cm _______ in

**Weight:** _____ kg _______ lbs

**Is weight estimated?** YES ☐

**Known chronic dialysis patient?**
- Yes ☐
- No ☐

**Creatinine:**
- **BASELINE:** _____ - _____ (mg/dL, or μmol/L)
- **At HOSPITAL admission:** _____ - _____ (mg/dL, or μmol/L)
- **At ICU admission** : _____ - _____ (mg/dL, or μmol/L)
AKI stage 3 criteria for this patient:

- ☐ Serum creatinine ≥ baseline serum creatinine x 3 = ________, OR
- ☐ Serum creatinine ≥ 4 mg/dl or ≥ 353.6 μmol/l, OR
- ☐ Urine output < 0.3 mL x body weight _____ = per h for ≥ 24 h, OR
- ☐ Anuria for ≥ 12 h

Admission data:

- Referred from:
  - ☐ Home
  - ☐ Emergency Room
  - ☐ Operating Room
  - ☐ Ward
  - ☐ Other Hospital
  - ☐ Other ICU

- Reason for ICU admission:

- Main admission diagnosis:
  - ☐ Medical
  - ☐ Emergency Surgical
  - ☐ Elective Surgical
  - ☐ Other
    - Specify: ________________

Data on Severity of illness and processes of care for RRT

If RRT was not initiated, please indicate the reasons: ___________________________________________
Patient ID: .........................

RRT:

Who made the decision:

☐ Nephrologist
☐ Intensivist

Comorbidities on day of AKI 3:
☐ Sepsis
☐ Cancer
☐ Diabetes

☐ Acute or chronic liver disease, if so:
☐ viral induced
☐ alcohol induced
☐ other

Indications for RRT: (tick all that apply)

☐ Hyperkalaemia
☐ Anuria / Oliguria with volume overload
☐ Anuria / Oliguria without volume overload
☐ Acidosis – low pH - BD
☐ Creatinine
☐ Urea concentration
☐ Lactate
☐ Phosphorus
☐ Fractional excretion of sodium
☐ Low Creatinine Clearance (value _______ )
☐ Chronic end stage kidney disease
☐ Fractional excretion of urea
☐ Other
☐ Specify: ________________

Modality at time of initiation:

☐ CVVH
☐ CVVHD
☐ CVVHDF
☐ CAVH
☐ CAVHD
☐ SLEDD (duration _____ h.)
☐ Intermittent dialysis (duration _____ h.)
☐ Peritoneal dialysis
☐ Other
☐ Specify: ________________
Operator who placed catheter: □ Intensivist  
□ Nephrologist  
□ Surgeon  
□ Other, Specify: __________________

Location where catheter was placed: □ Operating Room  
□ Emergency room  
□ ICU  
□ Other, Specify: __________________

Who does the setup of the RRT machine:
□ Renal nurse  
□ ICU nurse  
□ Nephrologist  
□ Intensivist  
□ Other, Specify: __________________

Who monitors the RRT machine:
□ Renal nurse  
□ ICU nurse  
□ Nephrologist  
□ Intensivist  
□ Other, Specify: __________________

Duration of RRT:
Prescribed _____ H.  
Administered _____ H

Net Fluid removal in 1st 24 h:
Prescribed _____ L.  
Administered _____ L

Dose of RRT:
□ Not known  
□ Intermittent Kt/V,  
Kt/V: ______, Number of treatments per week: _____, Urea reduction ratio: ____  
□ Continuous therapies: UF, Please specify UF: ______ mL/kg/h  
□ Other: ____________________________________________
Patient ID: ......................

**Replacement fluid buffer:**
- Bicarbonate
- Lactate
- Acetate
- Other

Specify: ______________________

**Replacement fluid:**
- Pre-dilution
- Post dilution
- Both, proportion ______

**Vascular access:**
- Double lumen catheter
- Single lumen catheter
  - French: _____

**Site of vascular access:**
- Right internal jugular vein
- Left internal jugular vein
- Femoral vein
- Right subclavian vein
- Left subclavian vein

**Method of Peritoneal dialysis:**
- Acute intermittent PD
- Chronic equilibrated PD
- Tidal PD
- High Volume PD
- Continuous flow PD

Dwell Time: _____ H. _____ min.

Dwell Volume: _______ ml,

Number of exchanges per 24 h.: _______

Type of PD Fluid: ______________________
- Manual
- Machine

**Anticoagulation strategy:**
- Unfractionated Heparin monitored with
  - ACT
  - APTT
  - antiXa
  - None

- LMWH monitored with
  - antiXa
  - None

- Citrate monitored with
  - Cai patient
  - Cai circuit
  - Total Calcium patient
  - None

- Saline flushes
Patient ID: .........................

☐ Prostaglandins

☐ None

☐ Other Specify: ________________
### SOFA-score and kidney function parameters:

<table>
<thead>
<tr>
<th></th>
<th>First meeting AKI 3 criterion</th>
<th>At Initiation of RRT</th>
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<tbody>
<tr>
<td><strong>Respiratory</strong></td>
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<tr>
<td>Ventilation</td>
<td>Yes</td>
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<tr>
<td>Lowest P/F</td>
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<tr>
<td><strong>Renal</strong></td>
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<tr>
<td>Highest Creatinine</td>
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<tr>
<td>24-hour urine output</td>
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<tr>
<td><strong>Liver</strong></td>
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<tr>
<td>Highest Total Bilirubin</td>
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<td><strong>Hemato</strong></td>
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<td>Lowest Platelets</td>
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<td><strong>Cardio</strong></td>
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<td>Lowest MAP</td>
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<tr>
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<td>Urine volume preceding 24-h</td>
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<td>Cumulative 3-d ICU volume balance</td>
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<td>Serum creatinine</td>
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Outcomes:

**ICU discharge**
Date: __________________ (dd/mmm/yyyy)
Status: □ Alive □ Death
RRT: □ Yes □ No
Creatinine: ______ ______ (mg/dL, or μmol/L)

**Hospital discharge**
Date: __________________ (dd/mmm/yyyy)
Status: □ Alive □ Death
RRT: □ Yes □ No
Creatinine: ______ ______ (mg/dL, or μmol/L)

**Index study date +30**
Date: __________________ (dd/mmm/yyyy)
Status: □ Alive □ Death
RRT: □ Yes □ No
Creatinine: ______ ______ (mg/dL, or μmol/L)

**Index study date +60**
Date: __________________ (dd/mmm/yyyy)
Status: □ Alive □ Death
RRT: □ Yes □ No
Creatinine: ______ ______ (mg/dL, or μmol/L)