

CONFIDENTIAL REPORT USRDS CAPD PERITONITIS SURVEY

HCFA's Contract No 500-88-0014 thru 0031
NIH's Contract No NO1-DK-8-2234

FINAL

The purpose of this study is to compare peritonitis episodes in patients treated by CAPD at home. The patients included in the survey are all who started CAPD at home between January 1, 1989 and June 30, 1989, and for whom this is the first time on CAPD. We are only interested in the time period of 1st technique used during the 1st time on CAPD at home.

Part I: Identifying Information

1. Network

2. Abstractor Initials

3. Provider Number

4. Date Form Completed

mm dd yy

5. Patient Name

Last

First

M.I.

6. Patient SSN

7. Patient Medicare Claims Number/BIC

8. Patient Date of Birth

mm dd yy

9. Sex

1-Male 2-Female

10. Ethnicity: Hispanic:

1-Yes 2-No 9-Unknown

Part II: Treatment History (include patients only during their first time on CAPD and the first technique used)

11a. Was CAPD the first choice modality for this patient?

1-Yes 2-No 9-Unknown

☞ (If yes, go to Item 12a.)

b. Previous chronic hemodialysis (if more than 4 weeks):

1-Yes (more than 4 weeks) 2-No (or less than 4 weeks) 9-Unknown

12a. Prior renal transplantation:

1-Yes 2-No 9-Unknown

☞ (If no or unknown, go to Item 13.)

b. If yes, date returned to dialysis therapy/date of transplant failure:

mm dd yy

13. Date of catheter insertion (for the catheter first used at home):

mm dd yy

14a. Type of catheter: (Choose Only One)

01-Tenckhoff, straight
02-Tenckhoff, straight with permanent bend tunnel segment
03-Tenckhoff, cuffed
04-Tenckhoff, cuffed with permanent bend tunnel segment
05-Toronto Western
06-Toronto Western, with permanent bend tunnel segment
07-Missouri, straight with permanent bend tunnel segment
08-Missouri, cuffed with permanent bend tunnel segment
09-Ufecoath, Column-Disc with permanent bend tunnel segment
88-Other (Please specify): _____

b. Number of cuffs:

1-One deep 2-One superficial 3-Two cuffs (deep and superficial) 9-Unknown

☞ (If code 2 or 9, go to Item 15a,b.)

c. If deep cuff (codes 1 or 3 above), the placement is:

1-Midline 2-Lateral 3-Paramedian (in rectus muscle or fascia) 9-Unknown

15a. Catheter insertion technique:

1-By surgical dissection 8-Other (Please specify): _____
2-With peritoneoscopy 9-Unknown
3-Blind, with trocar or guidewire

b. Were prophylactic antibiotics used at time of catheter insertion?

1-Yes 2-No 9-Unknown

16. Catheter placed by:

1-Surgeon 2-Nephrologist 9-Unknown

17a. Catheter removed:

1-Yes 2-No 9-Unknown

☞ (If no or unknown, go to Item 18.)

b. If yes, date of removal

mm dd yy

c. Reason(s) for catheter removal: (Choose ALL That Apply)

1-Peritonitis

2-Tunnel/exit site infection

3-Leak

4-Mechanical malfunction

5-Transfer to other therapy

8-Other (Please specify):

18. Date CAPD started at home

mm dd yy

19. Enter the code for the first technique used at home: (Choose Only One)

01-Standard spike
02-Standard luer lock
03-Standard spike cuffed
04-Steile connecting device
05-O-set (no antiseptic)
06-O-set (with antiseptic)
07-Y-set (no antiseptic, disposable)
08-Y-set (with antiseptic)
09-Y-set (UV)
10-Standard ultraviolet device (UV)
88-Other (Please specify): _____

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20a. Manufacturer for the technique reported in Item 19:

1-Abbott 4-NMC
2-Baxter/Trovanol 8-Other (Please specify):
3-Delmed
 9-Unknown

b. Brand name of technique: _____

c. Was antiseptic placed in the tubing?

1-Yes 2-No 9-Unknown
OR (if no or unknown, go to Item 21.)

d. If yes, which antiseptic was used?

1-Dakin's 3-Other hypochlorite
2-Amuchina 8-Other (Please specify):

21. Last date using this technique or indicate current date:

OR (disregard transient change while hospitalized)

Last Date is.....

mm dd yy

OR check Current

22. Were intraperitoneal (ip) drugs such as insulin used routinely anytime in the interval between items 18 and 21?

1-Yes 2-No 9-Unknown

23. If the response to item 21 is not "current", choose only one of the following to indicate the next status immediately after that in item 19. (If the response to item 21 is "current", skip this item and go directly to Part III.)

01-Change in CAPD technique
02-CCPD
03-Nightly PD
04-IPD
05-Other PD
06-Hemodialysis
07-Transplant
08-Death
09-Withdrawal from dialysis
10-Recovery of renal function
11-Transfer to other facility
12-Last to follow up

Part III. Peritonitis History. (Include all infections occurring between the dates in Items 18 and 21.)

24. Record all episodes that occurred after stopping antibiotics, even if judged to be a relapse. If more than six episodes, indicate the total number in item 25.

	Episode One	Episode Two	Episode Three	Episode Four	Episode Five	Episode Six	
Date of Onset*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Exit/Tunnel Infection at Time of Peritonitis <small>1=Yes, 2=No, 9=Unk</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Catheter Leakage at Time of Peritonitis <small>1=Yes, 2=No, 9=Unk</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hospitalized for Peritonitis** <small>1=Yes, 2=No, 3=In Hosp, 9=Unk</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dialysate Culture Results Code***	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Culture Organism Identical to the Most Recent Peritonitis <small>1=Yes, 2=No, 9=Unk</small>	N.A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

25. If more than 6 episodes, how many total? (include the six listed above in your total count.)

OR *Enter last digit of year in the "Date of Onset"

OR ** "In Hosp." should be checked if the onset of this episode of peritonitis occurred while the patient was already hospitalized.

OR ***Dialysate Culture Results Codes:

- 1 - Gram pos
- 2 - Gram neg, single
- 3 - Gram neg, multiple
- 4 - Gram pos and neg
- 5 - Fungal
- 6 - Fungal and bacterial
- 7 - No Growth
- 8 - Other, (please specify to the right; identify episode #):
- 9 - Unknown
