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Questionnaire: Renal Replacement Therapy in Intensive Care

Name and Address of Hospital and doctor completing the questionnaire

Who funds acute dialysis? ☐ Government ☐ private ☐ insurance company

1. Structural data of the entire Hospital:

Number of beds overall:

☐ 0-200 ☐ 201-400 ☐ 401-600 ☐ more than 600

☐ University Hospital

☐ Hospital of maximum medical care

☐ Hospital of basic and standard care

Number of disciplines with separate intensive care unit:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

Number of interdisciplinary intensive care units (operated by several medicinal fields):

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

Number of intensive care beds in the entire hospital: _____

2. Structural data for your own Intensive Care unit

(please fill in only for your own unit, not for the entire entity!):

Form of Intensive Care, Department:

Anaesthesia ☐ Surgery ☐ Internal Medicine ☐ Interdisciplinary ☐

Other: ☐

Please characterise shortly the structure of your ICU:

Number of beds ☐ <5 ☐ 6-10 ☐ 11-15 ☐ more than 15

Artificial ventilation units ☐ <5 ☐ 6-10 ☐ 11-15 ☐ more than 15

Number of admissions per month ☐ <30 ☐ 31-60 ☐ 60-180 ☐ >180

Primary type of patients: ☐ Trauma ☐ Surgery ☐ Internal

☐ Interdisciplinary ☐ Other (please describe):

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3. Therapy:

Available organ replacement systems in the Intensive Care (except artificial ventilation):

☐ Renal replacement therapy

☐ None of the above

If renal replacement therapy is available continue the questionnaire

4. Who is usually responsible for the indication of renal replacement therapy:

a) **Department:** (*Please name only one*)

☐ Nephrologist (in house) ☐ from other hospital ☐ medical practitioner* ☐

☐ Internal specialist* ☐ Surgeon* ☐ Anaesthesiologist* ☐ Other* (please describe):

*Is a Nephrologist involved in the diagnosis/selection of therapy?

Yes: ☐ No: ☐

b) **Qualification:** (*multiple answers permitted*)

Registrar ☐ Specialist ☐ Senior physician ☐

Other (please describe) ☐ :

5. Who chooses usually the renal replacement method:

a) **Department:** (*Please name only one*)

☐ Nephrologist (in house) ☐ , from other hospital ☐ medical practitioner ☐

☐ Internal specialist ☐ Surgeon ☐ Anaesthesiologist ☐ Other (please describe):

b) **Qualification:** (*multiple answers permitted*)

Registrar ☐ Specialist ☐ Senior physician ☐

Other (please describe) ☐ :

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6. Which renal replacement modalities are available:*(multiple answers permitted)*

- | | |
|----------------------------------|---|
| <input type="checkbox"/> CVVH | <input type="checkbox"/> IHD: |
| <input type="checkbox"/> CVVHD | <input type="checkbox"/> prolonged IHD / SLEDD: |
| <input type="checkbox"/> CVVHDF: | <input type="checkbox"/> SCUF: |
| <input type="checkbox"/> PD | <input type="checkbox"/> Other |

Is there a **standard method**, if yes, which: _____**7. What machines (multiple answers permitted):**

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Prisma® | <input type="checkbox"/> Multifiltrate® | <input type="checkbox"/> Aquarius® |
| <input type="checkbox"/> Prismaflex® | <input type="checkbox"/> Genius® | <input type="checkbox"/> BM11/25® |
| <input type="checkbox"/> Octonova® | <input type="checkbox"/> Other | If other, which: _____ |

8. Diagnosis:

- a)
- Which criteria**
- determine usually in your department the
- beginning of renal replacement therapy
- ?

Please evaluate the following statements:

	Applies always			Applies never	
	1	2	3	4	5
We decide based on the clinical assessment of the patient					
We use always definite criteria					
Following RIFLE / AKIN criteria					
Creatinine > 300µmol/L					
Serum-Urea > 50 mmol/L					
From a Serum-Urea > 25 mmol/L					
After ineffective use of diuretics					
Urine output < 500 ml per day					
Also because of extra renal indications					
Within 48h of ICU-Admission with AKI					
Always with septic shock					
Only with absolute dialysis criteria (therapy-resistant hypokalaemia, acidosis, uraemia, volume overload)					
With highly catecholamine dependent patients (Adrenalin > 1mg/h) and anuria as early as possible!					
We do have a SOP					
We make decisions based upon economic aspects					
With Lactic-acidosis					
Acute renal failure with Multi Organ Failure (MOF)					

- b) Is treatment being delivered
- without renal indication
- ? (Dialysis or hemofiltration
- without
- renal failure)

- | | |
|--|--|
| With Sepsis | <input type="checkbox"/> yes <input type="checkbox"/> no |
| With heart insufficiency | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Intoxication, hypercalcaemia | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Other (f. e. hypothermia, thermo regulation, please indicate): | <input type="checkbox"/> yes <input type="checkbox"/> no |

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9. Which criteria determine the length of therapy?*Please evaluate the following statements:*

Applies always

Applies never

	1	2	3	4	5
We decide based on the clinical assessment of the patient					
We always use definite criteria					
Following RIFLE / AKIN criteria					
Decrease of creatinine down to the starting value					
Decrease of urea down to the starting value					
From a diuresis larger than 2000 ml per day					
From a diuresis > 1000ml/d					
From a diuresis > 1000ml/d trial of discontinuation as long as serum-urea < 25 mmol/L and no absolute indication					
When clinical situation of patient improves					
We have a SOP					
We make decisions based upon economic aspects					
If despite renal replacement therapy a lactic acidosis continues					

10. Which patients receive predominantly what kind of therapy with acute renal failure?*Please check only one per line:*

Predominantly intermittent or continuously

	1	2	3	4	5
With isolated AKI					
With MOF					
With Sepsis					
With instable haemodynamics					
All patients are treated the same					

☐ Other (please describe):

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11. Following which criteria is therapy predominantly monitored?*(Please name only one)*clinical ☐ CEU ☐ Efficiency criteria, Kt/V ☐**a) With CVVH**

Filtrate volume/Dialysate volume:

All Patients same: 1l/h ☐ 1,5l/h ☐ 2l/h ☐ other ☐Differentiated: Ideal body weight ☐ Volume in ml per kg body weight ☐

Prescribed Dosage:

20 ml/kg/h: ☐ 25 ml/kg/h: ☐ 35 ml/kg/h: ☐Do you check the actual given dosage? Yes: ☐ No: ☐Patient weight: ☐ / estimated ☐ / ideal ☐ / actual ☐How often: daily ☐ / only in the beginning ☐☐ Other (please describe)

b) With IHD or prolonged IHD / SLEDD:

How often is therapy applied?

Daily ☐ Every other day ☐ Individual decision on a daily basis? ☐Other ☐ (please describe):

12. Used buffering substance with CVVH/CVVHD/CVVHDFLactate ☐Lactate and Bicarbonate ☐Bicarbonate ☐Citrate ☐**13. Used anticoagulation:**

	Yes	No
Fractionated Heparin	<input type="checkbox"/>	<input type="checkbox"/>
Unfractionated Heparin	<input type="checkbox"/>	<input type="checkbox"/>

Argatroban ☐ ☐Citrate ☐ ☐Heparin/Citrate ☐ ☐No anticoagulant ☐ ☐Other ☐ Which: _____**Most often used** Anticoagulation: _____**14. Do you use regional Citrate Anticoagulation** yes ☐ no ☐

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If yes, in approx. what percentage of your treatments _____ %

15. Execution:**a) CVVH with pre-dilution/post-dilution**

If applicable

Predominantly pre-dilution ☐

Predominantly post-dilution ☐

No difference ☐

Do you correct pre-dilution when dose is adjusted yes ☐ no ☐

b) With assignment of CVVHDF what is the substitute/dialysate ratio:

1 : 1 ☐

Substitute more than Dialysate ☐

Substitute less than Dialysate ☐

16. Who performs the therapy hands-on?

(multiple answers permitted, with explanation if needed)

a) With CVVH / CVVHD / CVVHDF:

-Physician ☐ _____

-Nursing staff intensive ☐ _____

-Nursing staff dialysis ☐ _____

-Technologist ☐ _____

b) With intermittent Treatments:

-Physician ☐ _____

-Nursing staff intensive ☐ _____

-Nursing staff dialysis ☐ _____

- Technologist ☐ _____

17. Number of patients in intensive care with acute renal replacement therapy per year?

☐ 10-50 ☐ 50-100 ☐ 101-200 ☐ >200

18. Percentage frequency of renal replacement therapy

(All 3 below listed renal replacement therapies total **per year = 100%**)

Intermittent treatments:

☐0 ☐10 ☐20 ☐30 ☐40 ☐50 ☐60 ☐70 ☐80 ☐90 ☐100%

Continuous treatments:

☐0 ☐10 ☐20 ☐30 ☐40 ☐50 ☐60 ☐70 ☐80 ☐90 ☐100%

Prolonged IHD treatments:

☐0 ☐10 ☐20 ☐30 ☐40 ☐50 ☐60 ☐70 ☐80 ☐90 ☐100%

PD:

☐0 ☐10 ☐20 ☐30 ☐40 ☐50 ☐60 ☐70 ☐80 ☐90 ☐100%

Continuous: Number of therapy days per CRRT setup per year: _____

Intermittent: Number of treatments per year: _____

Prolonged IHD: Number of treatments per year: _____

PD: Number of treatments per year: _____

19. Written down therapy standards?

yes ☐

no ☐

☐ Comment:

20. Questionnaire filled in by (name):

Education background:

Specialist ☐

Specialist with focus on intensive care ☐
(Internal, surgical intensive care)

Function: Senior Physician ☐ Head Physician ☐

Comments:

Thank you very much for your participation and patience.

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