

PERITONEAL DIALYSIS OUTCOME NOTIFICATION

** - Compulsory

- For PROMISE Study

Office use: / /

Date of notification: | |

Centre

Patient Particulars:

Name: _____

NRIC: _____

Centre: _____

**Outcome status of current RRT:

- | | | |
|--|---|--|
| <input type="radio"/> Death | <input type="radio"/> Move to another centre | <input type="radio"/> Alive On RRT (Return within 180 days) |
| <input type="radio"/> Change Dialysis Modality | <input type="radio"/> Lost to follow-up | <i>Note: Please submit a change request via eNRR if patient return to your centre within 180 days from last solid outcome)</i> |
| <input type="radio"/> Transplanted | <input type="radio"/> Recover kidney function | |

Provide details on date and cause(s) of outcome event below in the appropriate section:

Death

**Date of death: # | |

Primary Cause of Death

- Cardiovascular disease; eg. Ischaemic heart disease, cerebrovascular accident etc
 Cardiovascular disease type: Coronary event / CVA → Coronary event Cerebrovascular Accident (CVA)
- Pulmonary causes: eg. Pulmonary embolus , Fluid overload / Pulmonary oedema, pulmonary hemorrhage
 → Fluid overload / Pulmonary oedema Pulmonary causes Pulmonary embolus Pulmonary hemorrhage
- Died suddenly at home; death not certified in hospital Infection, any type or site →

COVID-19
 Besides COVID-19
 Peritonitis (for CAPD patient only)
- Cancer
- Accidental death, specify
- Gastrointestinal haemorrhage
- Liver disease
- Withdrawal of RRT

Patient refused further treatment; specify reason
 Medical reason, specify
 Others, specify
- Unknown
- Other cause of death, specify

Specify details on cause of death if possible

Change Dialysis Modality #**Cause(s) of transfer from PD to HD:****Date of last dialysis prior to transfer: #

Check one or more boxes, and provide details if possible.

- | | |
|--|--|
| <input type="checkbox"/> PD Infections
Peritonitis | <input type="checkbox"/> Inadequate clearance
Membrane failure |
| <input type="checkbox"/> PD Infections
Catheter related infection | <input type="checkbox"/> Poor UF <input type="checkbox"/> Poor clearance |
| <input type="checkbox"/> Exit site infection <input type="checkbox"/> Tunnel infection | <input type="checkbox"/> Other, specify
Abdominal pain |
| <input type="checkbox"/> Catheter related issues
Dialysate leak | <input type="checkbox"/> Other, specify
Abdominal surgery |
| <input type="checkbox"/> Catheter related issues
Technical/mechanical failure | <input type="checkbox"/> Other, specify
Haemoperitoneum |
| <input type="checkbox"/> Catheter related issues
PD Access failure | <input type="checkbox"/> Other, specify
Hernia |
| <input type="checkbox"/> Social Reasons
Patient preference | <input type="checkbox"/> Other, specify
Pleuro-peritoneal fistula |
| <input type="checkbox"/> Social Reasons
Unable to manage self-care | <input type="checkbox"/> Other, specify |
| <input type="checkbox"/> Social Reasons
Poor compliance | <input type="checkbox"/> Unknown |

Specify details:

Transplantation

If possible please contact the patient or his/her family to find out where was the transplant performed? (eg HKL, UH, China, India, etc)

Date of transplant: # **Place of transplant

- | | | | | |
|--|-----------------------------------|---------------------------------|---|---|
| <input type="radio"/> China | <input type="radio"/> Australia | <input type="radio"/> Taiwan | <input type="radio"/> HKL | <input type="radio"/> SJMC |
| <input type="radio"/> India | <input type="radio"/> US | <input type="radio"/> UK | <input type="radio"/> Selayang Hospital | <input type="radio"/> Gleneagles Intan Medical Centre |
| <input type="radio"/> Singapore | <input type="radio"/> South Korea | <input type="radio"/> Canada | <input type="radio"/> UMMC | <input type="radio"/> Selangor Medical Centre |
| <input type="radio"/> Cambodia | <input type="radio"/> Russia | <input type="radio"/> Hong Kong | <input type="radio"/> Prince Court Medical Centre | <input type="radio"/> Tawakal Hospital |
| <input type="radio"/> Pakistan | | | <input type="radio"/> HUKM | <input type="radio"/> Sunway Medical |
| <input type="radio"/> Other overseas transplant place, specify | | | <input type="radio"/> PPUiTM | <input type="radio"/> Other local transplant place, specify |

Specify details:

Moved to another centre

If possible please contact the patient or his/her family to find out the name of the new centre patient has moved to?

**Date of last follow-up or last dialysis: #

New Centre Name, specify: _____

Telephone contact: _____

Lost to follow-up**Reason(s) for dropping out:****Date of last follow-up or last dialysis: #

Check one or more boxes, and provide details if possible.

Specify details if possible:

-
- Migrated or moved to another country
-
-
- Stopped follow-up for personal or financial reason
-
-
- Gone overseas for a renal transplantation
-
-
- Other reason, specify
-
-
- Unknown

Recover kidney function

1. Last Dialysis Sr. Creatinine _____

 $\mu\text{mol/L}$ mg/dL**Date of last dialysis: #

When no further dialysis is required

Alive On RRT (Return within 180 days)

****Date return to centre: #**

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