

# HAEMODIALYSIS OUTCOME NOTIFICATION

\*\* - Compulsory

# - For RESOLVE 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
- Cancer
- Accidental death, specify
- Infection, any type or site
 

COVID-19  
 Besides COVID-19  
 Catheter Related Blood Stream Infection (CRBSI)
- 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

**\*\*Date of last dialysis prior to transfer: #**  |  |

#### Cause(s) of transfer from HD to PD:

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

- |  |  |
|--|--|
| <input type="checkbox"/> Recurrent hypotension   | <input type="checkbox"/> Patient preference  |
| <input type="checkbox"/> Other HD complication   | <input type="checkbox"/> Unable to manage HD |
| <input type="checkbox"/> Vascular access failure | <input type="checkbox"/> Other specify       |
| <input type="checkbox"/> Cardiovascular disorder | <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:

Check one or more boxes, and provide 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

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

Specify details if possible:

## 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: #