

# DIALYSIS OUTCOME NOTIFICATION

Use this form to notify NRR whenever a notifiable outcome event occur to a patient. Notifiable events are death, transfer to another dialysis modality or transplantation in a dialysis patient, patient moving to another centre or patient having been lost to follow-up and recovered kidney function.

Please provide more details on date and cause(s) of outcome event as indicated below. To obtain the details, you must try to contact the patient or his/her family.

Instruction to select boxes : 1)  check one or more boxes    2)  check one box only

NRR ID:

	/	
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SDPID:

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<b>Date of notification (dd/mm/yyyy) :</b>							
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### Patient particulars :

<b>1. Name :</b>	Hj/Hjh/Dato'/Dr.															
<b>2. Identification card number :</b>	MyKad / MyKid: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table> - <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table> - <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table> Old: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; height: 15px;"></td></tr></table>															
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<b>3. Centre :</b>																
<b>4. Modality :</b>	<input type="radio"/> HD <input type="radio"/> PD															

### Outcome status of current RRT:

Check one box only. Please specify details in the correspondence section.

- |  |   |
|--|---|
| <input type="radio"/> Death                    | <input type="radio"/> Move to another centre  |
| <input type="radio"/> Change Dialysis Modality | <input type="radio"/> Lost to follow-up       |
| <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 :

#### Section 1 : Death

Date of death: 

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 dd/mm/yyyy

#### Cause(s) of death

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

- Cardiovascular disease; eg. Ischaemic heart disease, cerebrovascular accident, pulmonary embolus etc
- Died suddenly at home; death not certified in hospital
- Infection, any type or site.
- Peritonitis (for PD patient only)
- Gastrointestinal haemorrhage
- Cancer
- Liver disease
- Dialysis dementia/Aluminium toxicity
- Ceased dialysis
  - Patient / family refused to continue treatment, specify
  - Medical reason, specify
  - Others, specify
- Accidental death, specify
- Other cause of death, specify
- Unknown

**Specify details on cause of death if possible:**

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## Section 2 : Change Dialysis Modality

Date of last dialysis prior to transfer :

dd/mm/yyyy

### For HD patient only, Cause(s) of change from HD to PD:

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

- Recurrent hypotension
- Other HD complication
- Unable to obtain access
- Cardiovascular disorder
- Patient preference
- Unable to manage HD
- Other, specify
- Unknown

Specify details:

### For PD patient only, Cause(s) of change from PD to HD:

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

- Peritonitis
- Catheter related infection
  - Exit site infection
  - Tunnel infection
- Dialysate leak
- Hernia
- Technical/mechanical failure
- Membrane failure (poor UF or clearance)
- Abdominal surgery
- Abdominal pain
- Pleuro-peritoneal fistula
- Haemoperitoneum
- Patient preference
- Unable to manage self-care
- Poor compliance to PD exchange
- Other, specify
- Unknown

Specify details:

## Section 3 : Transplantation

Date of transplant :

dd/mm/yyyy

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

Place of transplant, specify :

## Section 4 : Moved to another centre

Date of last follow-up or last dialysis :

dd/mm/yyyy

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

New Centre Name, specify :

Telephone contact :

## Section 5 : Lost to follow-up

Date of last follow-up or last dialysis :

dd/mm/yyyy

### Reason(s) for dropping out

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

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

Specify details if possible:

## Section 6 : Recover kidney function

Date of last dialysis :

dd/mm/yyyy

When no further dialysis is required.