Blood Pressure in Hemodialysis Pilot Study
Hospitalizations, ER Visits and Other Serious Adverse Events (SAE) Form # 312

Instructions:

- Enter a Hospitalization and ER Notification Form 311 as soon as you learn that a patient has been hospitalized. (If there is a death, do not complete this SAE Form 312. However, enter a Death Notification Form 305 to notify the DCC that the patient died and complete the Detailed Death Form 306 as soon as possible.)

- This SAE Form 312 should be entered as soon as possible after a hospitalization discharge, ER visit, or other serious adverse event. Try to complete this form within six weeks.

- The study coordinator should assemble photocopies of all pertinent documents or an event narrative when pertinent documents are not available. If the Principal Investigator determines the SAE to be possibly, probably, or definitely related to the study, then all documentation should be de-identified and sent to the Clinical Coordinating Center in New Mexico. Complete Form 313.

1. Identification Number
2. Alphacode
3a. Visit Type
3b. Visit Number (Month)
4. Date of Hospitalization, ER Visit, Access Thrombosis or other SAE: (mm/dd/yyyy)

5. Date Clinical Center learned of the SAE (mm/dd/yyyy)........................__ __ /__ __ /__ __ __ __

SAE Categorization:

6. What type of BID SAE was this? (Choose the primary one or the best one that applies)..............__ __
   1=ER visit for an access thrombosis event
   2=ER visit without an access thrombosis event (all other ER visits)
   3=Hospitalization for an access thrombosis event
   4=Hospitalization without an access thrombosis event (all other hospitalizations)
   5=Vascular access thrombosis with no associated hospitalization
   6=Life threatening event (without ER visit or hospitalization)
   7=Event resulting in a persistent or significant incapacity (without ER visit or hospitalization)
   8=Event resulting in a congenital anomaly/birth defect (without ER visit or hospitalization)
   9=Event exceeding severity risk greater than described in protocol (without ER visit or hospitalization)
  10=Abuse of, or dependency on study medications (without ER visit or hospitalization)
  11=Any other important medical event, including new cancer diagnosis, which may jeopardize the participant, or may require intervention to prevent permanent impairment or damage or other outcome listed above (without ER visit or hospitalization)

   (Note – Detailed Information about death is on Form 306)

Record information about the participant’s last dialysis session prior to this event:

7. a. Sitting post dialysis blood pressure? (mmHg) ......................... __ ___ ___/___ ___ ___
   b. Standing post dialysis blood pressure? (mmHg) ......................... __ ___ ___/___ ___ ___
   c. Date of last dialysis session? (mm/dd/yyyy) ..............................__ __ /__ __ /__ __ __ __
   d. Post dialysis weight? (kg) ......................................................... __ __.
   e. EDW (Dry Weight, Target Weight) (kg) ........................................__ __.
If this is an ER Visit or Hospitalization, complete Q8-11. If not, skip to Q12.

8. What information does the study team have? (Code 0=no, 1=yes)
   a. ER visit note (preferred) ................................................................. ___
   b. Discharge summary (preferred) ......................................................... ___
   c. Discharge abstract/instructions ......................................................... ___
   d. Talked to personnel who cared for the patient in the ER or hospital .......... ___
   e. Talked to the patient’s primary Nephrologist ..................................... ___

9. Blood pressure at presentation to the ER or hospital if known (mmHg) .......... __ __ /__ __ __

10. Was the reason for hospitalization or ER visit congestive heart failure (CHF)? (0=no, 1=yes) ___
    If Q10=1 (yes), complete Q11and then complete the rest of the form.
    If Q10=0 (no), skip to Q12.

11. Pre dialysis weight at first dialysis session after presentation of CHF (kg) ........... __ __ __.

12. a. Primary diagnosis for this SAE event (use code list attached) ............... ___ ___ ___ ___ ___
    Document the primary diagnosis that, in the PI’s judgment, is felt to be the cause of the event. Note, that this does not have to agree with the diagnoses noted on the discharge summary.
    See code list attached. Note: A terminal code of 0 indicates a procedure and cannot be used as a primary reason code.

    b. Secondary diagnosis/procedure for this SAE event
       (Use code list attached) ...................................................................... ___ ___ ___ ___ ___
       Additional diagnoses/procedures (if available):
    c. Additional diagnosis/procedure #1 (use code list attached) ................. ___ ___ ___ ___ ___
    d. Additional diagnosis/procedure #2 (use code list attached) ................. ___ ___ ___ ___ ___
    e. Additional diagnosis/procedure #3 (use code list attached) ................. ___ ___ ___ ___ ___
    f. Additional diagnosis/procedure #4 (use code list attached) ................. ___ ___ ___ ___ ___

    Note: If there are more than 4 additional diagnoses/procedures, have PI review and identify the most important ones for entry.

Vascular Access

13. a. Was there an acute vascular access thrombosis? ................................. ___
    0>No. Other access problem that is not acute thrombosis (see Manual of Operations.).
    1>Yes. Physician confirms that patient had a clotted FISTULA or GRAFT which could not be used for hemodialysis. An emergency declot or catheter placement was required. (Q13b is required.)
    2>This was a clotted catheter.

    b. If Q13a=1, what date did the patient present with vascular access thrombosis (mm/dd/yyyy) ................................................................. __ __ /__ __ /__ __ __ __
Number of Events

c. Does the PI think more than one event occurred during this hospital stay? ................. ___
(Example, MI and CVA during the same hospitalization would be 2 events)

0=no
2=yes, two serious adverse events
3=yes, three serious adverse events

d. If Q13c equals 2 or 3, please explain the events giving as much detail as possible:

14. Was low blood pressure (systolic <120 mmHg) associated with this SAE? (0=no, 1=yes) ........ ___

15. Were any of the following present? (Code 0=no, 1=yes)
   a. Infection/Sepsis ............................................................................................................................ ___
   b. Acute Hemorrhage ............................................................................................................................ ___
   c. Acute illness with GI losses (vomiting, diarrhea) ............................................................................ ___
   d. Anaphylactic reaction ........................................................................................................................ ___

Other Signs and Symptoms:

16. If there are any signs or symptoms surrounding this SAE that you would like to report, please enter the information below. (Type %<TERM>% substituting for <TERM> a word, phrase, or word fragment to limit the search in Column I below. Click on the ellipses (...) or press F9 to display the codes containing your specified term. You may scroll through the displayed codes to select the one you want. Highlight the appropriate diagnoses, sign or symptom and press Enter. This will populate Column II with the corresponding MedDRA Code. You may enter as many conditions and MedDRA Codes as needed.) Do not repeat any information already noted in Q12.

<table>
<thead>
<tr>
<th>Sign or Symptom</th>
<th>MedDRA Code</th>
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<tbody>
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<td>a.</td>
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17. a. In the Clinical Center PI’s judgment, was the event caused by the patient's randomly assigned blood pressure regimen? ...............................................................
   (0=no, 1=unlikely, 2=possibly, 3=probably, 4=definitely, 5=N/A, patient in Baseline)
   If response is 2, 3, or 4, complete Q19.

b. In the Clinical Center PI’s judgment, was the event caused by any device, procedure, or intervention (including back titration) that was specifically done as part of the BID Trial Protocol? ...............................................................
   (0=no, 1=unlikely, 2=possibly, 3=probably, 4=definitely)
   If response is 2, 3, or 4, complete Q19.

c. In the view of the clinical center PI, was this an unanticipated event? ......................
   (0=NO, this was not an unanticipated event*, 1=YES, this was an unanticipated event)

   *An unanticipated event must meet ALL of the following:
   1) unexpected, not mentioned in the Protocol or consent form, and 2) possibly, probably or definitely related, and 3) places subjects or others at greater risk of harm than previously known or recognized.

Patient Status

d. Current status of patient.............................................................................................................
   1=Still in hospital (only use this option if several weeks have elapsed)
   2=Died, complete Forms 305 and 306
   3=Discharged to be admitted to rehab, a nursing home or other facility
   4=Discharged to home
   5=Was not hospitalized

e. If item 17d = 3 or 4, date of discharge (mm/dd/yyyy) ...................... __ /__ /___ ___ ___

18. Write a brief summary (required): Include what happened and what action was taken. If you know the outcome, report this as well.

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
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19. Comments on relatedness (**required** if relatedness is reported).

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<th>Comments on relatedness</th>
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200. Date this form completed (mm/dd/yyyy) .................................. ___ ___ / ___ ___ / ___ ___ ___ ___

201. Username of person completing/reviewing completeness of this form...... __ __ __ __ __ __ __

**Clinical Center Use Only**

- Date Form Entered (mm/dd/yyyy) ___ ___ / ___ ___ / ___ ___ ___ ___
- Username of person entering this form __ __ __ __ __ __ __
Blood Pressure in Hemodialysis Pilot Study
Hospitalizations, ER Visits and Other Serious Adverse Events (SAE)
Code List of Diagnoses and Procedures (For Form 312, Q12 a-f)

Coding Instructions: When parentheses ( ) are next to the code, you need to add one of the following: 1 = New, 2 = Worsening, 3 = Not a new condition
Note: A terminal code of 0 indicates a procedure and cannot be used as a primary reason code in Q12a.

An asterisk (*) indicates that the disease or condition is also classified as an "infection outcome".

1. **ISCHEMIC HEART DISEASE (IHD)**
   Also see category: coronary heart disease (CHD) or coronary artery disease (CAD)
   01AA( ) Chest pain of non-cardiac or unclear etiology (R/O MI admission)
   01AB( ) CAD
   01AC( ) Angina
   01AD0 Bypass surgery (CABG)
   01AE0 Coronary angiographies
   01AF0 Coronary angioplasty (PTCA) or atherectomy
   01AG Myocardial infarction (acute) (MI)
   01AH Cardiac arrest

2. **CONGESTIVE HEART FAILURE (CHF)**
   02AA( ) CHF
   02AB( ) CHF due to volume overload
   02AC( ) Pulmonary edema (cardiogenic)
   02AD( ) Pleural effusion(s)
   02AE0 Thoracentesis (diagnostic or therapeutic)
   02AF Cardiogenic shock

3. **ARRHYTHMIAS AND CONDUCTION PROBLEMS**
   03AA( ) Syncope (also presyncope and syncopal episode)
   03AB( ) Atrial fibrillation
   03AC( ) Ventricular tachycardia
   03AD( ) Supraventricular tachycardia
   03AE( ) Sick sinus (tachy-brady) syndrome
   03AF( ) Atrioventricular conduction block
   03AG( ) Hyperkalemia
   03AH( ) Other new or other arrhythmia and conduction problem
   03AI0 Cardioversion
   03AJ0 Electrophysiologic studies (EPS)
   03AK0 Pacemaker placement
   03AL0 Pacemaker malfunction/repair
   03AM0 Implantable cardioverter-defibrillator (ICD)
   03AN( ) Hypokalemia
4. OTHER HEART DISEASES AND CONDITIONS (OHD)

04AA( ) Pericarditis
04AB( ) Endocarditis
04AC( ) Myocarditis
04AD( ) Cardiomyopathy (without IHD or CHF)
04AE( ) Pericardial effusion
04AF( ) Aortic valve stenosis or insufficiency
04AG( ) Mitral valve stenosis, regurgitation, or prolapse
04AH( ) Other valve defect
04AI( ) Other heart condition
04AJ( ) Cardiac tamponade
04AK0 Pericardiocentesis
04AL0 Aortic valve replacement
04AM0 Mitral valve replacement
04AN0 Balloon valvuloplasty
04AP0 Pericardial Window

5. HYPERTENSION (HTN) / HYPOTENSION

05AA( ) Hypertensive crisis or accelerated HTN
05AB( ) Hypotensive crisis or accelerated hypotension

6. CEREBRAL VASCULAR DISEASE (CVD)

06AA( ) Transient ischemic attack (TIA)
06AB( ) Cerebral vascular accident (CVA)
06AC( ) Carotid artery stenosis
06AD( ) Cerebral artery aneurysm
06AE( ) Subarachnoid or cerebral hemorrhage
06AF( ) Other CVD condition
06AG0 Carotid endarterectomy (CEA)
06AH0 Carotid angiogram

7. PERIPHERAL VASCULAR DISEASE (PVD)

07AA( ) Deep vein thrombosis (DVT)
07AB( ) Pulmonary embolism
07AC( ) Peripheral vascular disease
07AD( ) Ischemic foot ulcers
07AE( ) Gangrene of toes or foot*
07AF( ) Abdominal aortic aneurysm (AAA)
07AG( ) Thoracic aortic aneurysm (TAA)
07AH( ) Hemorrhage from ruptured vascular aneurysm
07AI( ) Aortic aneurysm (not specified)
07AJ( ) Other aneurysm
07AK( ) Mesenteric ischemia or infarction (ischemic bowel)
07AL( ) Cellulitis (non-access related)*
07AM( ) Gangrene with septicemia-shock due to PVD
07AN( ) Other condition due to PVD or other disorder of arteries
07AO( ) Polyarteritis nodosa and other arteritides
07AP Arterial embolism
07AQ0 AAA repair
07AR0 TAA repair
07AS0 Angioplasty for PVD
07AT0 Bypass graft for PVD
07AW0 Amputation site: toe(s)\(^+\)
07AX0 Amputation site: transmetatarsal\(^+\)
07BA0 Left below the knee amputation\(^+\)
07BB0 Right below the knee amputation\(^+\)
07BC0 Left above the knee amputation\(^+\)
07BD0 Right above the knee amputation\(^+\)

8. DIABETES MELLITUS (DM) AND ENDOCRINE DISORDERS
08AA( ) Diabetic foot infection* 
08AB( ) Gangrene of foot or toes (absence of PVD)* 
08AC( ) Hypothyroidism 
08AD( ) Other disorders of thyroid gland 
08AE Diabetes with ketoacidosis 
08AF Diabetes with hyperosmolar state or coma 
08AG Hypoglycemic coma 
08AH0 Pancreatic transplant 
08AI( ) Other endocrine disorder 
08AJ Onset of diabetes 
08AK0 Parathyroidectomy 
08AL( ) Hyperparathyroidism 
08AM( ) Hypoparathyroidism 
08AN( ) Other calcium-phosphorus disorder 
08AO( ) Hyperglycemia 
08AP( ) Diabetic foot ulcer 
08AQ( ) Hypoglycemia

9. RESPIRATORY DISEASES
09AA( ) Asthma 
09AB( ) COPD 
09AC( ) Bronchitis 
09AD( ) Pneumothorax 
09AE( ) Empyema* 
09AF( ) Lung abscess* 
09AG( ) Pulmonary TB* 
09AH( ) Respiratory failure not requiring intubation and mechanical ventilation 
09AI( ) Respiratory failure requiring intubation and mechanical ventilation 
09AJ( ) Adult Respiratory Distress Syndrome (ARDS) 
09AK Respiratory failure of unknown cause 
09AL( ) Other respiratory disease 
09AM( ) Pulmonary hemorrhage 
09AN( ) Pneumonia (nosocomial)* 
09AO( ) Pneumonia (community acquired)* 
09AP( ) Pneumonia-sepsis* 
09AQ( ) Pneumonia (bacterial)* 
09AR( ) Pneumonia (fungal)* 
09AS( ) Pneumonia (viral)* 
09AT( ) Pneumocystis pneumonia* 
09AU( ) Aspiration pneumonia*
09AV(_ ) Pneumonia (unspecified pathogen)*
09AW0 Open lung biopsy
09AX0 Lung lobectomy
09AY(_ ) Upper respiratory tract disorders (including dyspnea, shortness of breath)
09AZ0 ENT procedures
09BA Angioedema
09BB Acute epiglottitis

10. **MALIGNANCY**
10AA(_ ) Hematologic malignancy (AML, ALL, CLL)
10AB(_ ) Lymphoma (unspecified)
10AC(_ ) Hodgkin's lymphoma
10AD(_ ) Non-Hodgkin's lymphoma
10AE(_ ) Multiple myeloma
10AF(_ ) Colon cancer
10AG(_ ) Breast cancer
10AH(_ ) Prostatic cancer
10AI(_ ) Ovarian cancer
10AJ(_ ) Lung cancer
10AK(_ ) Gastric cancer
10AL(_ ) Pancreatic cancer
10AM(_ ) Thyroid cancer
10AN(_ ) Cervical cancer
10AO(_ ) Endometrial cancer
10AP(_ ) Primary cancer of liver
10AQ(_ ) Head and neck squamous cell carcinoma
10AR(_ ) Testicular cancer
10AS(_ ) Renal cancer
10AT(_ ) Bladder cancer
10AU(_ ) Melanoma
10AV(_ ) Other skin cancer
10AW(_ ) Other malignancy or neoplasia
10AX(_ ) Metastatic carcinoma unknown primary
10AY(_ ) Complication(s) of pre-admission diagnosed cancer
10BA0 Diagnosis: surgical biopsy
10BB0 Other biopsy procedure
10BC0 Other diagnostic procedure
10BD0 Treatment: radiation therapy
10BE0 chemotherapy
10BF0 surgical excision
10BG0 other treatment
10BH0 Mastectomy (subtotal or total)
10BI0 Hysterectomy

11. **HEPATOBILIARY DISEASE**
11AA(_ ) Hepatitis B
11AB(_ ) Hepatitis C
11AC(_ ) Toxic/drug-induced hepatitis
11AD(_ ) Hepatitis (other; unknown cause)
11AE(_ ) Cirrhosis
11AF( ) Ascites
11AG( ) Portal hypertension or esophageal varices
11AH( ) Variceal bleed
11AI( ) Hepatic failure/severe dysfunction
11AJ( ) Cholecystitis/cholangitis*
11AK( ) Other hepatobiliary disease
11AL( ) Biliary sepsis*
11AM0 Cholecystectomy
11AN0 Liver transplant
11AO0 Shunt procedure
11AP0 Paracentesis (diagnostic or therapeutic)
11AQ( ) Choledocholithiasis

12. MUSCULOSKELETAL AND CONNECTIVE TISSUE DISEASES
12AA( ) Gout
12AB( ) Wegener's granulomatosis
12AC( ) Systemic vasculitis
12AD( ) Systemic Lupus Erythematosus (SLE)
12AE( ) Avascular necrosis
12AF( ) Osteomyelitis*
12AG( ) Septic arthritis*
12AH( ) Back problems
12AI( ) Other musculoskeletal or connective tissue disease
12AJ( ) Bone fracture
12AK0 Carpal tunnel surgery
12AL0 Arthroscopy
12AM0 Hip replacement
12AN0 Knee replacement
12AO0 Knee procedures (other than replacement)
12AP0 Internal fixation or surgical reduction of bone fracture
12AQ0 Other orthopedic surgery
12AR0 Back and/or neck procedure
12AS( ) Musculoskeletal pain
12AT0 Orthopedic related rehabilitation

13. GASTROINTESTINAL CONDITIONS (GI)
13AA( ) Upper GI bleed
13AB( ) Lower GI bleed
13AC( ) GI bleeding, site unknown
13AD( ) Peptic/duodenal ulcer disease
13AE( ) Gastritis
13AF( ) Reflux esophagitis (with or without hiatal hernia)
13AG( ) Diverticulitis*
13AH( ) Colonic polyps
13AI( ) Ulcerative colitis (UC)
13AJ( ) Enteritis (Crohn's disease)
13AK( ) Septicemia due to peritonitis*
13AL( ) Pancreatitis
13AM( ) Necrotizing enterocolitis*
13AN( ) *C. difficile* associated enterocolitis*
13AO( ) Peritonitis*
13AP( ) Fungal peritonitis*
13AQ( ) Appendicitis*
13AR( ) Ischemic bowel
13AS( ) Intra-abdominal abscess*
13AT( ) Abdominal pain, cause unknown
13AU( ) Malabsorption
13AV( ) Perforated viscus (peptic ulcer or bowel)*
13AX( ) Gastroparesis
13BA0 Colectomy (partial or total)
13BB0 Gastrectomy
13BC0 Colostomy or ileostomy
13BD0 Gastrostomy/enterostomy
13BE0 Appendectomy
13BF0 Laparotomy
13BG0 Other GI procedure
13BH( ) Other GI Condition
13BI( ) Abdominal hernia

14. NONVASCULAR NERVOUS SYSTEM DISEASES
14AA( ) Mental status change (acute)
14AB( ) Seizure disorder
14AC( ) Disequilibrium - syndrome
14AD( ) Coma-stupor (traumatic cause)
14AE( ) Coma-stupor (toxic-drug induced)
14AF( ) Coma-stupor (metabolic cause, non-diabetic)
14AG( ) Coma-stupor (anoxic encephalopathy)
14AH( ) Coma-stupor (other unknown cause)
14AI( ) Alcohol non-accidental
14AJ( ) Drug overdose
14AK( ) Head trauma
14AL( ) Parkinson's disease
14AM( ) Multiple sclerosis
14AN( ) Subdural or epidural hematoma
14AO( ) Depression
14AP( ) Nervous system neoplasm
14AQ( ) Alcohol/drug abuse related (detoxification included)
14AR( ) Other psychiatric or mental disorder
14AS( ) Viral meningitis*
14AT( ) Meningitis (non-viral)
14AU( ) Other CNS infection*
14AV( ) Ataxia
14AW( ) Cranial or peripheral nerve disorder
14AX( ) Other nonvascular nervous system condition
14AY( ) Suicide attempt
14AZ( ) Neuropic pain in extremity
14BA( ) Anxiety attack
14BB( ) Headache: migraine
15. **URINARY TRACT CONDITIONS/RENAL CONDITIONS**

15AA(_) Urinary tract infection requiring antibiotics*
15AB(_) Nephrolithiasis
15AC(_) Benign prostatic hypertrophy (BPH)
15AD(_) Prostatitis
15AE(_) Orchitis
15AF(_) Cystic kidney disease (PKD or acquired)
15AG(_) Cyst-related hemorrhage
15AH(_) Cyst-related infection
15AI(_) Urinary tract hemorrhage
15AJ0 Nephrectomy unilateral
15AK0 Nephrectomy bilateral
15AL0 Prostatectomy (radical)
15AM0 Transurethral prostatectomy (TURP)
15AN0 Other transurethral procedures (cystoscopy included)
15AO0 Other urologic procedure
15AP(_) Hematuria
15AQ0 Kidney transplant
15AR(_) Acute transplant rejection
15AS(_) Renal failure
15AT(_) Uremia/acute renal insufficiency
15AU Evaluation for transplant
15AV(_) Urinary retention
15AW(_) Chronic transplant rejection

16. **HIV/AIDS**

16AA(_) AIDS-related infection*
16AB(_) Other AIDS-related condition (non-infection)
16AC(_) HIV positive

17. **OPHTHALMOLOGIC CONDITIONS**

17AA(_) Retinal or vitreous hemorrhage
17AB(_) Endophthalmitis*
17AC(_) Other disorder of the eye
17AD0 Iris or lens procedure (cataract surgery included)
17AG0 Orbital procedure (vitrectomy included)
17AH0 Retina procedure (laser surgery included)
17AI0 Other ophthalmologic procedure

18. **INFECTIONS**

18AA(_) Abscess (lung, empyema, intra-abdominal, brain, soft tissue--not access-related)*
18AB(_) Miliary TB*
18AC(_) Extrapulmonary TB*
18AD(_) Disseminated candidiasis*
18AE(_) Other fungal infection**
18AF(_) Viral infection (including CMV)*
18AG(_) Other viral infection (not hepatitis)*
18AH(_) Protozoan or parasitic infection (not PCP)*
18AI(_) Other infection (not recorded in previous category)*
18AJ(_) Septic shock*
18AK( ) Bacteremia (known source, not access-related)*
18AL( ) Bacteremia (unknown source, not access-related)*
18AM( ) Bacteremia (known source, access-related)*
18AN( ) Bacteremia (unknown source, access-related)*
18AO( ) Fever of unknown origin*

19. NON-MALIGNANT HEMATOLOGIC CONDITIONS
19AA( ) Coagulation disorders
19AB( ) Thrombocytopenia (secondary)
19AC( ) Thrombocytopenia (idiopathic)
19AD( ) Disseminated Intravascular Coagulation (DIC)
19AE( ) Other consumption coagulopathy
19AF( ) Thrombotic thrombocytopenic purpura (TTP)
and hemolytic uremic syndrome (HUS)
19AG( ) Other, including peripheral hematoma
19AH( ) Anemia
19AI( ) Monitor anticoagulation status for elective surgery (i.e., dental)

20. HEMODIALYSIS VASCULAR ACCESS COMPLICATIONS
20AA0 Elective surgical access repair
20AB( ) Soft tissue infection, cellulitis, abscess (access related)*
20AC( ) Bacteremia or sepsis, access related*
20AD( ) Clotted access
20AE( ) Venous thrombosis, access related
20AF( ) Arterial thrombosis or embolism, access related
20AG( ) Steal syndrome, limb ischemia, access related
20AH( ) Hemorrhage from vascular access
20AI( ) Nerve entrapment, access related
20AJ0 Fistulogram, arteriogram, or other invasive imaging procedure
20AK0 Access declotting procedure
20AL0 Angioplasty or stent placement for vascular access
20AM0 Non-elective surgical access repair
20AN0 Temporary access placement
20AO( ) Pneumothorax, hemothorax as result of temporary access placement
20AP( ) Subclavian vein stenosis as result of temporary access
20AQ0 New access creation (AV-fistula)
20AR0 New access placement (AV-graft)
20AS( ) Other access-related condition
20AT0 Other access-related procedure
20AU( ) New vascular access needed
20AV0 New perm-cath placement

21. OTHER HEMODIALYSIS COMPLICATIONS
21AA( ) Uremia
21AB( ) Hemorrhage from dialysis circuit
21AC( ) Air embolism
21AD( ) Anaphylaxis, treatment related
21AE( ) Hemolysis, treatment related
21AF( ) Electrolyte and acid-base disorder (other than hyperkalemia),
treatment related
21AG(_) Dialysis-induced hypotension
21AH(_) Other accident related to treatment
21AI(_) Febrile reaction, not infection
21AJ0 Start of hemodialysis
21AK Withdrawal from dialysis
21AL Dialysis treatment completed at a location different than usual dialysis unit

22. OTHER SURGICAL PROCEDURES
22AA(_) Trauma
22AB(_) Major hemorrhage (not GI or pulmonary)
22AC(_) Hemorrhagic shock
22AD0 Skin graft/skin ulcer debridement
22AE0 Hernia procedure
22AF0 Other elective surgery procedure
22AG0 Removal of benign tumor
22AH0 Elective dental surgical procedure

23. OTHER
23AA(_) Other hemorrhage
23AB(_) Other trauma
23AC(_) Drug overdose (accidental)
23AD Accident unrelated to treatment
23AE Drug reaction (anaphylaxis)
23AF Drug reaction (not anaphylaxis, not overdose)
23AG Other electrolyte/acid-base disorder, not treatment related
23AH Cachexia
23AI Morbid Obesity
23AJ Gynecologic or obstetric condition
23AK Autoimmune condition affecting skin
23AL Fatigue
23AM(_) Dizziness/Syncope
23AN Participant initiated ER visit for other reason, no diagnosis/treatment provided (specify in summary)

24. UNKNOWN
24AA Unknown reason for hospitalization

+++If you have a condition not found on this listing, please contact the DCC (BID_dcc@bio.ri.ccf.org) for a new code+++