

Appendix Table 1: Illustration of how information from the electronic medical record was used to characterize patients' clinical presentation at the time of dialysis initiation

Example 1		
Source of text: renal clinic note 19 days prior to dialysis initiation	Text: "Renal function progressing but no symptoms." Plan: "will start dialysis in next two weeks"	
Acutely ill		No
Symptoms present		No
Types of signs and/or symptoms documented	Gastrointestinal	NA
	Cardiopulmonary	NA
	Weakness and/or fatigue	NA
	Electrolyte abnormalities	NA
	Neurologic	NA
	Other	NA
Example 2		
Source of text: renal clinic note four days prior to initiation	Text: "Feels fine "wonderful" no nausea, vomiting, very good appetite." Plan: "Now ESRD will set patient up for dialysis"	
Acutely ill		No
Symptoms present		No
Types of signs and/or symptoms documented	Gastrointestinal	NA
	Cardiopulmonary	NA
	Weakness and/or fatigue	NA
	Electrolyte abnormalities	NA
	Neurologic	NA
	Other	NA
Example 3		
Source of text: renal inpatient consult on the day of initiation	Text: "Admitted for initiation of dialysis. Patient has had decreased appetite, weight loss, but no significant fluid retention"	
Acutely ill		No
Symptoms present		Yes
Types of signs and/or symptoms documented	Gastrointestinal	Yes
	Cardiopulmonary	No
	Weakness and/or fatigue	No

	Electrolyte abnormalities	No
	Neurologic	No
	Other	No
Example 4		
Source of text: renal clinic note six days prior to initiation	Text: "Appetite is slightly worse. Does have some dry heaves but mostly in the evening. Has increased dyspnea on exertion and mild orthopnea. Also some excessive sleepiness during the day. Continues to have metallic taste." Plan: "I think it is time to initiate hemodialysis as he has early uremic symptoms. I will ask the staff to call the patient at home and arrange to initiate hemodialysis here at VA next week." Addendum: "Spoke with patient and wife by phone, wife states "he is a sick man" and needs to get dialysis started."	
Acutely ill		No
Symptoms present		Yes
Types of signs and/or symptoms documented	Gastrointestinal	Yes
	Cardiopulmonary	Yes
	Weakness and/or fatigue	Yes
	Electrolyte abnormalities	No
	Neurologic	No
	Other	No
Example 5		
Source of text: admission history and physical note on the day of initiation	Text: "Presents with abdominal pain, myalgias, nausea and vomiting, hyperkalemia, and acidosis. He had hoped to not undergo dialysis as he is currently on the transplant list. Today he has a bun/creatinine of 90/8.1 which is the likely cause of his symptoms. His initial blood gas only improved slightly after 2 amps of sodium bicarbonate. His fistula has matured and he will undergo initial dialysis today." (note: PH 7.1 and serum bicarbonate 10)	
Acutely ill		Yes
Symptoms present		Yes
Types of signs and/or symptoms documented	Gastrointestinal	Yes
	Cardiopulmonary	No
	Weakness and/or fatigue	No

	Electrolyte abnormalities	Yes
	Neurologic	No
	Other	Yes
Example 6		
Source of text: renal inpatient note one day prior to initiation	<p>“Patient is followed in renal clinic, last seen (nineteen days before) and a decision was made to hold off on hemodialysis. GFR per MDRD and Cockcroft Gault is 7-9. He admits to some diminished appetite and 2-3 times per week nausea and occasional emesis. No metallic taste, no shortness of breath. He was admitted with hypoglycemia and chest pain, complains of edema which is no worse than usual.” Plan: “CKD stage 5 rapidly approaching ESRD, here for chest pain and hypoglycemia which have resolved, he qualifies for hemodialysis based on his GFR and uremic symptoms. He also has progressively worsening edema. I offered him the option of initiating hemodialysis this admission and he would like to talk it over with his son.”</p>	
Source of text: renal inpatient note day of initiation	Text: “Spoke again to son and patient, he is now agreeable to initiating hemodialysis”	
Acutely ill		Yes
Symptoms present		Yes
Types of signs and/or symptoms documented	Gastrointestinal	Yes
	Cardiopulmonary	Yes
	Weakness and/or fatigue	No
	Electrolyte abnormalities	No
	Neurologic	No
	Other	Yes

Appendix Table 2: Precision of measures of clinical presentation across reviewers

Clinical presentation	Percent agreement between AMO and SPW	Percent agreement between AMO and MKY	Kappa statistic across all three reviewers*
Acutely ill vs. not	90%	92%	0.82
Gastrointestinal signs and/or symptoms	78%	84%	0.65
Cardiopulmonary signs and/or symptoms	82%	76%	0.60
Fatigue/weakness	78%	82%	0.60
Electrolyte abnormalities	88%	88%	0.52
Neurologic signs and/or symptoms	80%	82%	0.51
Other signs and/or symptoms	84%	82%	0.55

\*P<0.05 for all estimates. A kappa statistic <0 indicates less than chance agreement, 0.01 to 0.2 indicates slight agreement, 0.21-0.4 indicates fair agreement, 0.41-0.6 indicates moderate agreement, 0.61-0.8 indicates substantial agreement, and 0.81-0.99 indicates almost perfect agreement (1).

1. Viera AJ, Garrett JM. Understanding interobserver agreement: the kappa statistic. Fam Med. 2005;37(5):360-3.