**Fistula Maturation Protocol**

**Fistula Creation**
- Side: Right Left
- Site/Type: ____________
- Surgeon: ____________
- Date: ____________

**Examine at 4 weeks**
- Date: ____________
  1. Is fistula adequate size for cannulation (>6 mm)?
  2. Is fistula superficial (<6 mm deep)?
  3. Does fistula have a good continuous “thill” & bruit without excessively pulsatile quality?

**Attempt Needle Cannulation at 8 weeks**
- Date: ____________
  1. Begin single 17 gauge cannulation
  2. Advance to 16 gauge and then 2 needles as able
  3. Measure access flow after successful 2 needle cannulation (if available)

Cannulation Protocol available At www.fistulafirst.org

**Two weeks of continuous successful fistula cannulation?**
- Date: ____________

**Refer to Interventionalist or Surgeon for evaluation**
- Date: ____________

**Potential problems include:**
1. Inadequate inflow
2. Venous outflow stenosis
4. Accessory veins limiting flow

**Re-examine 4 weeks after intervention, or per recommendations of interventionalist.**
- Date: ____________

**After evaluation and/or intervention, attempt cannulation protocol.**
- If still not successful, patient should be referred back for re-evaluation every four weeks. Log dates here for interventional evaluation.
  - Date ____________
  - Date ____________
  - Date ____________
  - Date ____________

Schedule catheter removal

Successful cannulation?