

Checklist of Indications for Hemodialysis Catheter Use

Patient Name _____

Date(s) Reviewed ____/____/____ ____/____/____ ____/____/____ ____/____/____

Indications for Hemodialysis Catheter Use:

- Check indication(s) for hemodialysis catheter use that are applicable to patient.
- Review evaluation tool on an ongoing basis during care planning/CQI meetings.
- Document date(s) reviewed.

- (A) _____ New patient awaiting placement of fistula/graft.
(Scheduled date for permanent access placement ____/____/____)
- (B) _____ New patient awaiting maturation/healing of fistula or graft.
(Date access placed ____/____/____)
- (C) _____ Established patient with failed fistula/graft ⇐ new fistula/graft planned.
(Scheduled date for access placement ____/____/____)
- (D) _____ Established patient with failed fistula/graft ⇐ awaiting maturation/healing of new access.
(Date access placed ____/____/____)
- (E) _____ Unable to tolerate increased cardiac output induced by a fistula/graft due to cardiac condition (ie, severe coronary artery disease) or congestive heart failure.
- (F) _____ Severe peripheral vascular disease precludes fistula/graft placement.
- (G) _____ All possible graft/fistula access sites exhausted and unable to do peritoneal dialysis.
- (H) _____ Awaiting a living donor transplant. **(If an extended pretransplant waiting period is anticipated, placement of a permanent access should be considered.)**
- (I) _____ Peritoneal dialysis patient requiring a short-term course of hemodialysis therapy.
(Date of planned return to peritoneal dialysis ____/____/____)
- (J) _____ Severe vasculitis precludes graft/fistula placement or use until (if) condition improves.
- (K) _____ Dermatologic condition involving extremities precludes graft/fistula placement or use (ie, scleroderma, calciphylaxis, etc)
- (L) _____ Pediatric considerations: a) insufficient vessel size to support a fistula/graft; b) unable to tolerate large needles required for dialysis; c) other _____
- (M) _____ Other: _____