

Internal A-V Access Assessment Pre Cannulation

Prepare

Do Your Homework!

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Talk with your patient!

1. Where is the access?
2. What type of access is it?
3. How old is the access?
4. Have there been any cannulation problems in the past?
5. Do they practice buttonhole or conventional cannulation?



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Do Your Research

1. Is there current access documentation from previous caregivers?
2. Is there a surgeons note describing access placement?
3. Is there an access history form?



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Feel the Access! (Stick with your fingers, not with your eyes.)

- Is there a thrill?
- How long is the access?
- What is the access path? Twists and turns?
- What is the access depth?
- What is the access circumference? (tunnel)
- Is there a palpable stenosis?
- Is there visible scar tissue?
- Is there redness or swelling?



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Auscultate the Access

1. Use a stethoscope. Is the bruit consistent along the access path?
 - a. Are there areas where the bruit fades? Why?
 - b. Can you follow the path of the access using a stethoscope?



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Report to Physician

1. Signs or symptoms of infection
2. Ischemia
3. Loss of bruit or thrill
4. Aneurysm/pseudoaneurysm
5. Prolonged bleeding time after removal of needle
6. Changes in arterial or venous pressure
7. Steal Syndrome



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Plan Your Move!

1. What size fistula needle do you need?
 - a. Consider age, depth, and circumference of access.
2. Do you have a "good straight inch" to cannulate?
3. What is the condition of the surrounding tissue?



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Cannulate

1. Prepare the target area per your facility protocol.
2. Choose your site.
3. Using the "three-point hold", secure the access with your non dominant hand.
4. Holding the unclamped needle (cap secure), bevel up at a 45 degree angle, gently insert needle into access until you see a "flashback". (Did you feel the tension change? "POP")
5. Needles are to be placed a minimum of 1" apart.



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6. Decrease the needle angle, and proceed to slide the needle into the access while frequently checking the "flashback" for consistency. (If the flashback changes, you may need to readjust the angle of the needle.)
7. Secure the access needle using "bridged" tape.
8. Loosen the tubing cap and allow the blood to backflow into the needle while observing the flow, then clamp the tubing.
9. Attach an empty syringe to the needle tubing, unclamp the tubing, then aspirate and flush to check for problems. Adjust the needle, if necessary



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Monitoring Venous Stenosis

1. Dynamic Venous Pressures
 - a. Performed during the first 2-5 minutes of dialysis by the caregiver.
 - b. Set the blood pump speed at 200.
 - c. If the venous pressure measurement exceeds the established threshold (provided by tubing manufacturers) on three consecutive treatments, refer to the nephrologist/nurse practitioner/vascular access coordinator for further investigation.



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**RESULT:
Success!**

You Are the BEST !!!

