

Access VIP Scoring Tool

Catheter Exit Site scoring tool

Fistula/AV Graft scoring tool

Exit site appears Healthy	No sign of infection	0	Skin integrity healthy No cannulation problems	No concerns
Slight pain or discomfort, redness, exudate, or oozing pus	Possible early signs of infection Inform nurse in-charge Send swab MC&S Consider informing Doctor	1	Any visible scabbing/markings Any redness or heat Bruising/ infiltration (blow)	Report to nurse in charge, and primary nurse
All of the above Raised Temperature Tunnel red	Review by Doctor Act on positive swab (if need be refer to MSSA policy) Send Cultures	2	Any aneurysms with Extensive scabbing Infiltration (blow)	Report to Access nurse For review by surgeons
Patient unwell Obvious signs of infection Positive cultures	Removal of line	3	Any of the above and Patient unwell Raised temperature, CRP	Contact Doctor for review/ensure access nurse aware

Surveillance of AV Fistula

Study/Observation	Rational
Cannulation technique	To ensure patency and AVOID aneurysms
Any significant increase in Pre Urea Creatinine Potassium	A continually high pre-dialysis urea, Creatinine and potassium could be showing inadequate dialysis and evidence of recirculation
Recirculation	Could be problem with fistula or cardio-respiratory
BFR over month	Problems with needling or arterial supply to fistula
Venous Pressure over month	If a general increase then a possible stenosis
Swelling of limbs ROLL SLEEVES UP EXAMINATION	Evidence of blockage within the drainage vessels (venous out-flow)
Bleeding time after removal of needles	Possible evidence of stenosis or coagulation titration problems
Monthly URR	To monitor adequate dialysis

Month-date						
Cannulation Technique						
Increase in Urea Creatinine Potassium						
Recirculation						
BFR						
Venous Pressure						
Swelling of Limbs						
Bleeding times-post needle removal						
URR adequacies						

Y/Renal/Policies & Procedures/Reviewed Protocols & Policies HD/A/Access/Access VIP Scoring Tool

Ref : Renal Association 2011 Vascular Access for haemodialysis

<http://www.renal.org/guidelines/modules/vascular-access-for-haemodialysis#Summary5> (14/11/14)