

**The Royal Wolverhampton NHS Trust
Specialist Clinical Practice Renal Sub-committee**

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| Practice Reference: | SNCP 05 |
| Title: fistula | Procedure for Insertion of Arterio – Venous needles into a PTFE graft. |
| Date of Implementation: | October 2009 |
| Version: | Version 3 |
| Date of review | March 2015 |
| Date of next review: | March 2018 |
| Author: | Renal Advanced Nurse Practitioner |
| Policy Location: | Renal Specialist Clinical Practice Folder/ Trust Intranet |

1.0 Practice Statement:

1.1 To safely cannulate an Arterio – Venous Graft (AVG) and minimise potential risks of infection and extravasation

1.1 To be undertaken by a registered nurse with a renal qualification, or an RN with Training from a renal nurse who has been assessed and has evidence of competency

2.0 Equipment:

- Dressing Trolley
- Personal Protective Equipment (PPE) non sterile gloves, plastic apron, visor.
- Fistula Needles (14g – 17g dependent on assessment of Graft) 1 Arterial 1 Venous for double needle or 1 single needle.
- Pillow and case
- 2 x sterile towels
- 5 x sterile gauze swabs
- 1 x Chloraprep Frepp 1.5ml®
- 2 x 5ml syringes
- 1 x 10mls 0.9% Saline for injection
- Ethyl chloride spray (optional)
- Roll of Tape (Per patient requirement)
- Sharps Box
- 1 x Blue Needle 23g

3.0 Detailed Action:

- 3.1 Provide patient with explanation of procedure and gain consent
- 3.2 Advise patient to prepare the arm or leg by washing with soap and water and drying thoroughly, removing dressing if used.
- 3.3 Ensure patient is comfortable with arm/leg resting on a pillow if preferred.
- 3.4 Decontaminate hands, with soap and water and dry thoroughly
- 3.5 Apply PPE
- 3.6 Prepare for cannulation by priming the needles with 0.9% normal saline.
Leaving the syringe attached to the needle, as per ANTT
- 3.7 Assess graft thrill and suitable sites for cannulation.
- 3.8 Clean graft with Chlorhexidene 2% and Alcohol 70% (Chloraprep Frepp 1.5ml for 30 seconds and allow to dry for 30 seconds)
- 3.9 Place sterile towel under cleaned arm.
- 3.10 Administer ethyl chloride anaesthetic spray to the chosen cannulation sites if required.
- 3.11 Take primed fistula needle with the syringe still attached and the clamp open and insert into AVG with the bevel of the needle facing upwards. Test the flow of blood by flushing with saline and turning or repositioning the needle as required.
- 3.12 Secure the needle with tape.
- 3.13 Repeat steps 3.8 – 3.10 for Double Needle.
- 3.14 Access is now ready for commencement of haemodialysis treatment.
- 3.15 Commence dialysis treatment as per patients' dialysis prescription ensuring all pre dialysis observations have been recorded.
- 3.16 Remove PPE. Dispose of relevant equipment in appropriate waste bag.
- 3.17 Decontaminate hands with soap and water and dry thoroughly

4.0 Financial Risk Assessment

4.1 Following a Risk assessment of this clinical practice no financial risks have been identified.

5.0 Equality and Diversity Risk Assessment

5.1 Following an Equality and Diversity risk assessment of this clinical practice, no equality and diversity risks have been identified.

6.0 Maintenance

6.1 This clinical Practice will be reviewed and kept up to date by the Renal ANP and the Specialist Clinical Practice Renal Sub- Committee workgroup will recommend changes and amendments.

7.0 Training

7.1 All staff undertaking this practice must have received training to include:

Demonstration of practice
Supervised practice

All staff undertaking the procedure must have been competency assessed and deemed competent in the procedure by a competent practitioner

7.0 References

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Levy, J. Morgan, J. Brown, E. Oxford handbook of Dialysis 3rd Edition 2009. Oxford University Press.

Saving Lives: reducing infection, delivering clean safe care. Revised edition: October 2007
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Davies A.H, Gibbons, C.P, Vascular Access simplified. March 2003 Shrewsbury tfm Publishing.

NKF KDOQI Guidelines National Kidney Foundation Inc. 2006