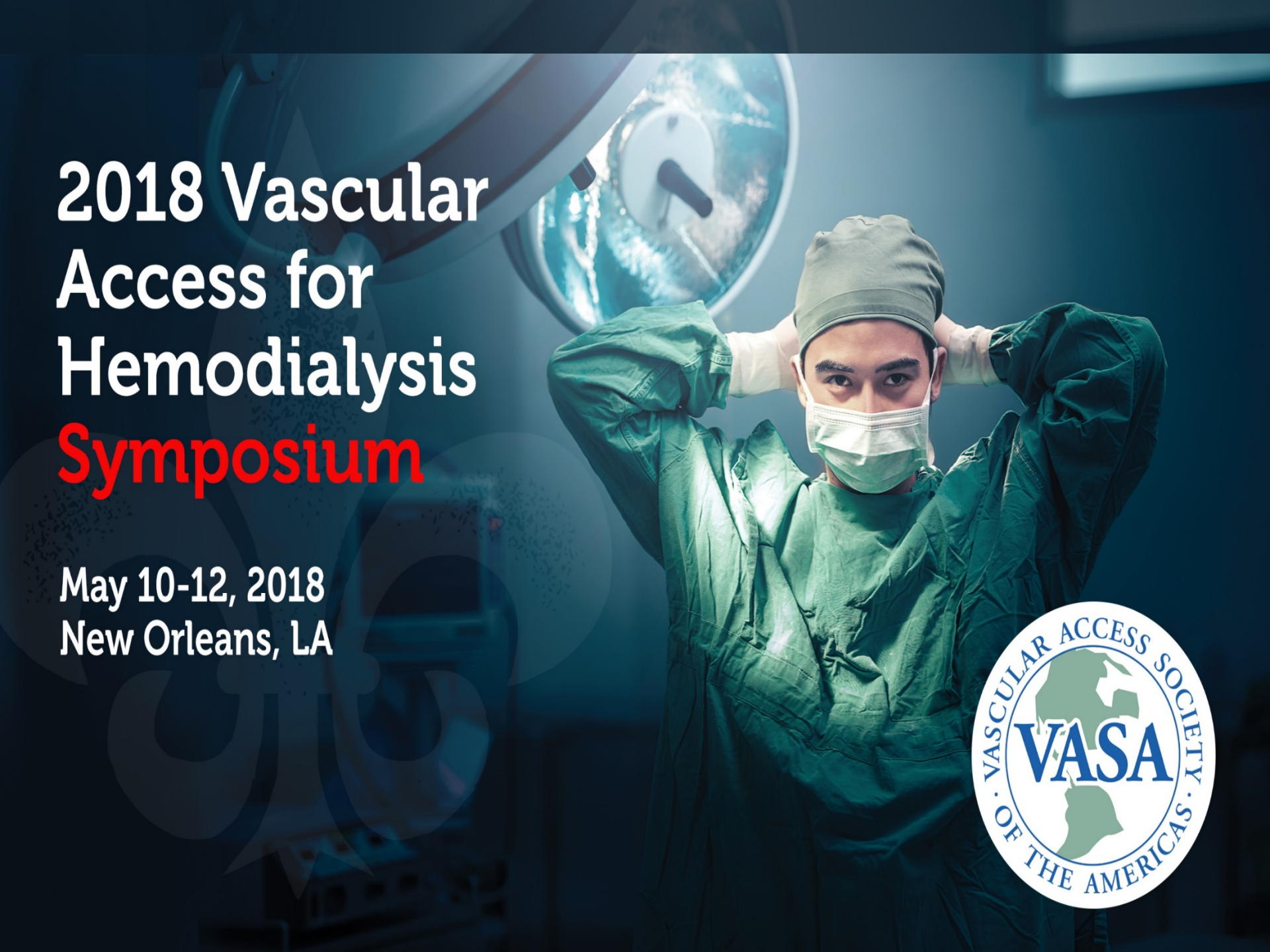
2018 Vascular Access for Hemodialysis Symposium

May 10-12, 2018
New Orleans, LA



Teaching the Bigger AV Access Team

Deborah Brouwer-Maier RN, CNN
Disclosure: Employee of Transonic

Education in Vascular Access Care

- Teaching the **Bigger AV Access Team**: Ms. Deborah Brouwer-Maier
- Can You Really Teach **Surgeons/Nephrologists** About Vascular Access?: Dr. Ingemar Davidson
- What Do **Radiologists** Need to Know About Vascular Access?: Dr. Bart Dolmatch
- How do you Training **PAs/NPs** to be Access Providers: Mr. Shawn Gage
- Do we Need a **Surgical** Certificate of Qualification for Access Providers?: Dr. Thomas Huber
- How do **Interventional Nephrologists** Learn Their Craft?: Dr. Aris Urbanes

Definition of Teach

transitive verb

- 1 a : to cause to know something
- b : to cause to know how
- c : to accustom to some action or attitude
- d : to cause to know the disagreeable consequences of some action
- 2 : to guide the studies of
- 3 : to impart the knowledge of
- 4 a : to instruct by precept, example, or experience
- b : to make known and accepted
- 5 : to conduct instruction regularly

Who is the Bigger Access Team?

Interdisciplinary Team

Dietitian

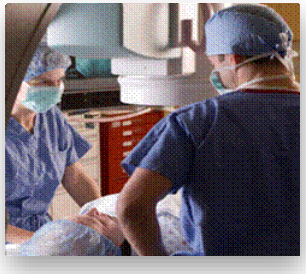
Social Worker

Patient

Nephrologist

Dialysis Team

Dialysis Access Care Team (DACT)



The Patient

Surgeon

Interventionalist

Nephrologist

Interdisciplinary Team

Interdisciplinary Team + VAM

Dietitian

Social Worker

Patient

VAM

Nephrologist

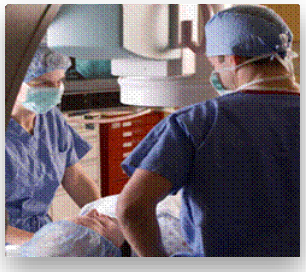
Dialysis Team

Dialysis Access Care Team + VAM/VAC

Surgeon

The Patient

VAM/VAC

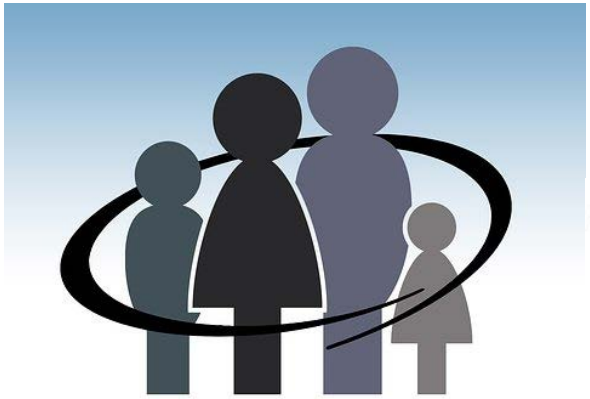


Interventionalist

Nephrologist

Interdisciplinary Team

Bigger Access Team Members Also Include:

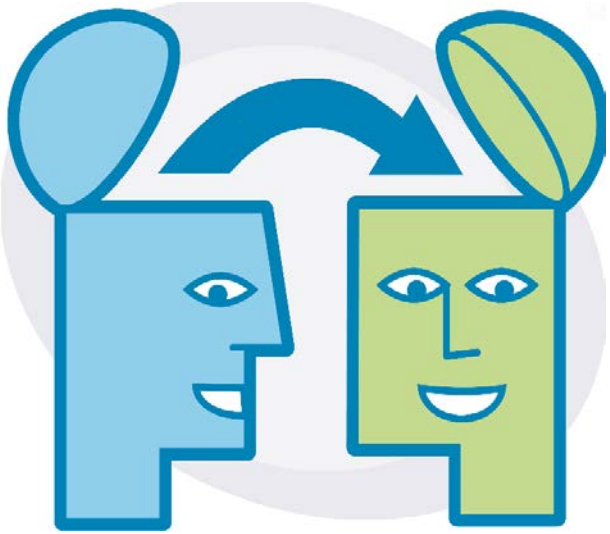


Family and Support System

Anyone that Draws Blood or Places an IV

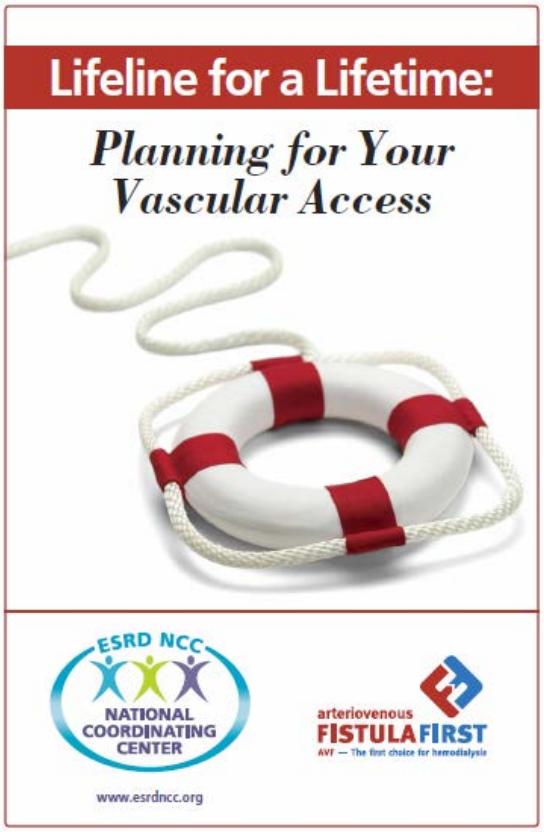
Primary Care &
Other Healthcare Providers
(Hospitals, Nursing Homes & Rehab Centers)

Tools to Teach the Bigger Access Team



Allied Health Pre-Course Teaching the Tools

- Allied Health Member Skills Survey after St. Louis May 2017
- 733 completed survey results
- Skills broken down into: Patient Assessment, Coordination of Patient Care, Quality, Education: Patient and Peers, Regulatory & Professional Development
- Survey Monkey current skills scoring <90% turned into learning objectives for the Pre-Course


Lifeline for a Lifetime:
Planning for Your Vascular Access
ESRD NCC
NATIONAL COORDINATING CENTER
arteriovenous FISTULA FIRST
AVF — The first choice for hemodialysis
www.esrdncc.org


Got These?

FISTULAFIRST
National Vascular Access Improvement Initiative

A Practitioner's Resource Guide To

Physical Examination of Dialysis Vascular Access

The ESRD Network of Texas, Inc., is proud to offer this excellent educational resource written by Gerald Beathard, MD for distribution to the nephrology & surgical community in support of the **Fistula First Project.**

The End Stage Renal Disease Network of Texas, Inc (#14) ★www.esrdnetwork.org
972-503-3215 ★14114 Dallas Parkway #660, Dallas, Texas, 75254

It only takes a minute to save your patient's lifeline.

GO

Look

STOP

The skin over the access is all one color and looks like the skin around it.

There is redness, swelling or drainage. There are skin bulges with shiny, bleeding, or peeling skin.

Listen

Bruit - the hum or buzz should sound like a "whoosh," or for some may sound like a drum beat. The sound should be the same along the access.

There is no sound, decreased sound or a change in sound. Sound is different from what a normal Bruit should sound like.

Feel

Thrill: a vibration or buzz in the full length of the access.

Pulse: slight beating like a heart-beat. Fingers placed lightly on the access should move slightly.

Pulsatile: The beat is stronger than a normal pulse. Fingers placed lightly on the access will rise and fall with each beat.

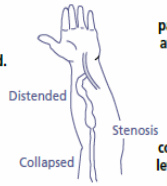
Arm Elevation

Upper Arm AVF

The AVF outflow vein partially collapses when the arm is raised above the level of the heart. It may feel "flabby" when palpated.

Lower Arm AVF

The AVF outflow vein collapses when arm is raised above the level of the heart.



Upper Arm AVF

The AVF outflow vein does not partially collapse or become "flabby" after being raised above the level of the heart. This finding should be reported to an expert clinician.

Lower Arm AVF

The AVF outflow vein does not collapse after being raised above the level of the heart. This finding should be reported to an expert clinician.

VASCULAR ACCESS SOCIETY OF THE AMERICAS
VASA

Dialysis Professional

"Ready, Set, Go" The Steps to Catheter Freedom
Weeks 5-6: Fistula Maturity Check

- Perform fistula maturity check at each treatment or when patient reports a change.
- Reinforce to patient the importance of daily fistula checks.
- Listen to the patient.

Look | Listen | Feel | Arm Elevation test (AVF Only)

Were there any abnormal findings during the fistula maturity check?

No → Document that there were no abnormal findings.

Yes → Document findings and refer to expert clinician.

Continued..

Dialysis Professional

"Ready, Set, Go" The Steps to Catheter Freedom
Weeks 5-6: Fistula Maturity Check

GO | **STOP**

Look

The hand looks the same as it did before surgery

The skin over the fistula is uniform in appearance and looks like the skin around it.

The arm is bruised and/or the hand is not the normal color.

There is redness, swelling, or drainage.

Listen

Bruit: Listen with a stethoscope over the anastomosis. This is where the artery is joined to the vein.

The bruit is audible, and can be heard along the cannulation segment.

The bruit sounds like a "whoosh," or for some, like a drum beat.

There is no sound, or the bruit is not as loud as the last time it was checked.

Sound is different from what a normal bruit should sound like.

Feel

You can feel the fistula and identify the cannulation segment.

The cannulation segment is long enough to use two needles placed two inches apart.

You cannot feel the fistula.

You cannot feel the cannulation segment.

Continued..

Dialysis Professional

"Ready, Set, Go" The Steps to Catheter Freedom
Weeks 5-6: Fistula Maturity Check

GO | **STOP**

Feel

Thrill: A vibration or buzz that can be felt most prominently over the anastomosis; it will diminish along the length of the fistula.

The thrill becomes stronger as the fistula matures.

You cannot feel the thrill or it is weaker than the last time it was checked.

Pulse: A slight beating that feels like a heartbeat. Fingers placed lightly on the fistula move slightly.

Pulsatile: The beat is stronger than a normal pulse. Fingers placed lightly on the fistula will rise and fall with each beat.

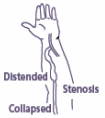
Arm Elevation

Lower Arm Fistula

The fistula outflow vein collapses when the arm is raised above the level of the heart.

Upper Arm Fistula

The fistula outflow vein will collapse partially when the arm is raised above the level of the heart. It may feel "flabby" when palpated.



Lower Arm Fistula

The fistula outflow vein does not collapse after the arm is raised above the level of the heart. This may mean there is a problem allowing the blood to flow from the fistula.

Upper Arm Fistula

The fistula outflow vein does not collapse partially or become "flabby" after being raised above the level of the heart. This may mean there is a problem allowing the blood to flow from the fistula.

ESRD NCC NATIONAL COORDINATING CENTER

www.esrdncc.org

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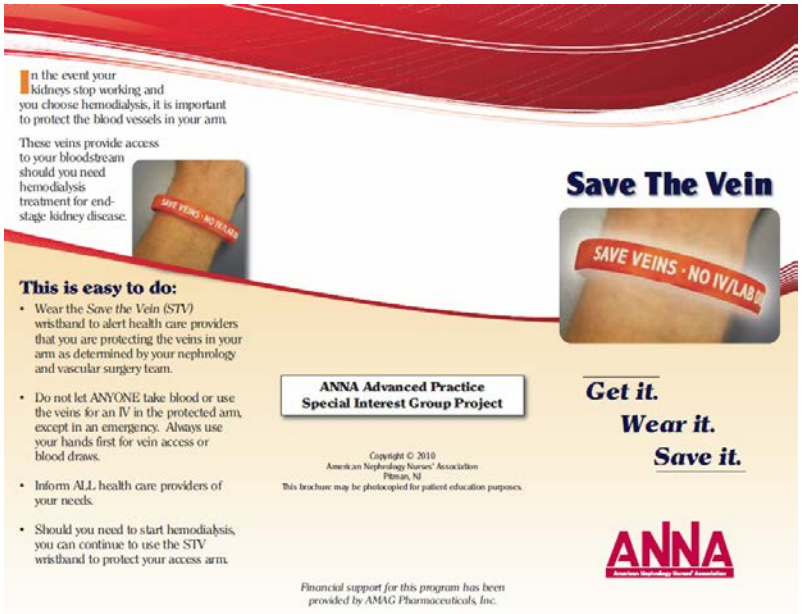
arteriovenous FISTULA FIRST
AVF — The first choice for hemodialysis

VASCULAR ACCESS SOCIETY OF THE AMERICAS · VASA

Medical Alert Tools- Vascular Access & Blood Draw/IV Instructions

American Nephrology Nurses Association

Save the Vein



In the event your kidneys stop working and you choose hemodialysis, it is important to protect the blood vessels in your arm.

These veins provide access to your bloodstream should you need hemodialysis treatment for end-stage kidney disease.

Save The Vein

SAVE VEINS · NO IV/LAB

This is easy to do:

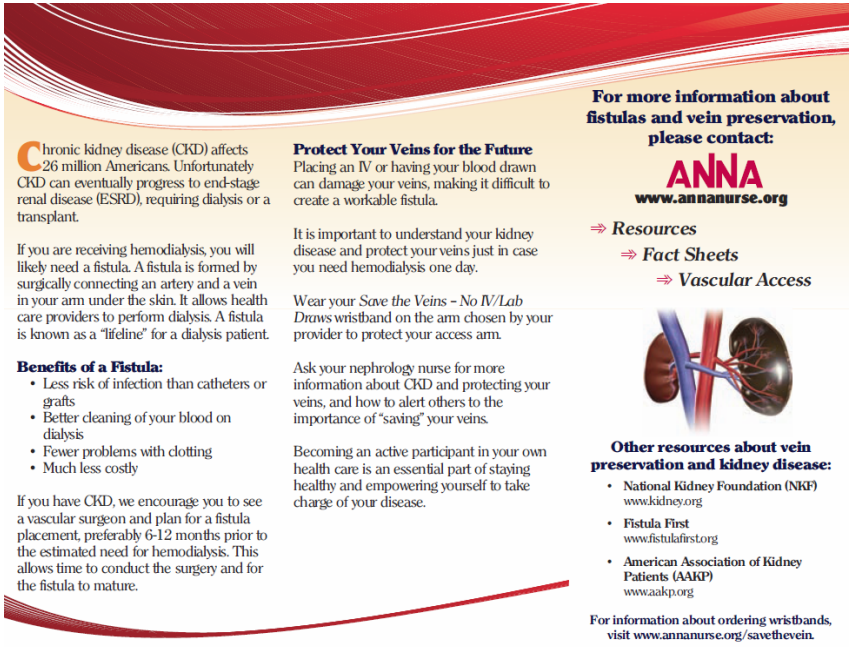
- Wear the *Save the Vein (STV)* wristband to alert health care providers that you are protecting the veins in your arm as determined by your nephrology and vascular surgery team.
- Do not let ANYONE take blood or use the veins for an IV in the protected arm, except in an emergency. Always use your hands first for vein access or blood draws.
- Inform ALL health care providers of your needs.
- Should you need to start hemodialysis, you can continue to use the STV wristband to protect your access arm.

ANNA Advanced Practice Special Interest Group Project

Get it.
Wear it.
Save it.

ANNA

Financial support for this program has been provided by AMAG Pharmaceuticals, Inc.



Chronic kidney disease (CKD) affects 26 million Americans. Unfortunately CKD can eventually progress to end-stage renal disease (ESRD), requiring dialysis or a transplant.

If you are receiving hemodialysis, you will likely need a fistula. A fistula is formed by surgically connecting an artery and a vein in your arm under the skin. It allows health care providers to perform dialysis. A fistula is known as a "lifeline" for a dialysis patient.

Benefits of a Fistula:

- Less risk of infection than catheters or grafts
- Better cleaning of your blood on dialysis
- Fewer problems with clotting
- Much less costly

If you have CKD, we encourage you to see a vascular surgeon and plan for a fistula placement, preferably 6-12 months prior to the estimated need for hemodialysis. This allows time to conduct the surgery and for the fistula to mature.

Protect Your Veins for the Future

Placing an IV or having your blood drawn can damage your veins, making it difficult to create a workable fistula.

It is important to understand your kidney disease and protect your veins just in case you need hemodialysis one day.

Wear your *Save the Veins – No IV/Lab Draws* wristband on the arm chosen by your provider to protect your access arm.

Ask your nephrology nurse for more information about CKD and protecting your veins, and how to alert others to the importance of "saving" your veins.

Becoming an active participant in your own health care is an essential part of staying healthy and empowering yourself to take charge of your disease.

For more information about fistulas and vein preservation, please contact:

ANNA
www.annanurse.org

⇒ *Resources*
⇒ *Fact Sheets*
⇒ *Vascular Access*

Other resources about vein preservation and kidney disease:

- **National Kidney Foundation (NKF)** www.kidney.org
- **Fistula First** www.fistulafirst.org
- **American Association of Kidney Patients (AAKP)** www.aakp.org

For information about ordering wristbands, visit www.annanurse.org/savethevein.

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Save Your Vein- Surgeon Leading UK Project

SAVE YOUR VEIN
@saveyourvein

Mr. Jeremy S Crane MBChB MD FRCS

http://www.transplantandvascular.com/

Big Tools for Teaching the Bigger AV Access Team

KDOQI

Celebrating 20 Years

New Vascular Access Guidelines Currently In Progress!!!

Knowledge in Your Brain Only Helps No One!!

Be a Vascular Access Spirited Advocate!!!!