# 2018 Vascular Access for Hemodialysis Symposium

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# The Minute Check: Novice to Expert Level for Health Care Professionals (AVF/AVG/CVC)

*Nancy Foss, RN, CNN*
*Disclosure: Clinical Improvement Director*
*DaVita, Inc.*

# Educational Need/Practice Gap, Objectives and Expected Outcomes

Practice Gap: Lack of a simple standardized access check

Objective: Describe the simple One Minute Check for AVF/AVG or Catheter

•Expected Outcome: Demonstrate the One Minute Check (during the hands-on portion)

# Access Monitoring

# Caring for their Lifeline for a Lifetime

**Access Monitoring**

- KDOQI defines monitoring, as “applying physical examination techniques to detect access dysfunction”

- When done correctly, monitoring can identify most access dysfunction

Seminars in Dialysis

# Physical Examination of the Dialysis Vascular Access

Gerald A. Beathard*

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# Access Monitoring: Dialysis Care Team

**Look**

**Listen**

**Feel**

**Arm Elevation Test (AVF Only)**

**Augmentation Test (Optional)**

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www.esrdncc.org

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AVF – The first choice for hemodialysis



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

## Look

**GO**

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

**STOP**

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.

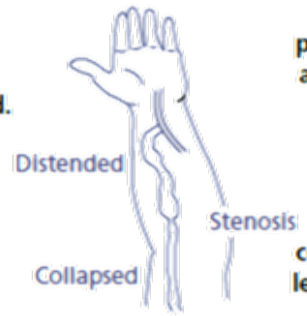
## Arm Elevation

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.



VASA Vascular Access Society of the Americas

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

# Look

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.


*Good to go!*




*Contact expert clinician if any "stop" signs noted.*

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

# Listen (Stethoscope 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.

No sound or decreased sound. Change noted.
Sound is different from what a normal BRUIT should sound like.


*Sounding good!*




*Contact expert clinician if any "stop" signs noted.*

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

# 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.

GO

*Good to go!*

STOP

*Contact expert clinician if any "stop" signs noted.*

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

# Arm Elevation Test

### Upper Arm AVF

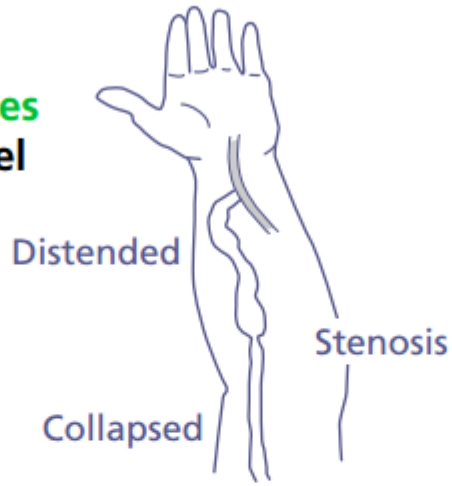
The AVF outflow vein partially collapses when the arm is raised above the level of the heart. It may feel "flabby" when palpated.

### Lower Arm AVF

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

GO

*Good to go!*




### Upper Arm AVF

The AVF outflow vein does not partially collapse or become "flabby" after being raised above the level of the heart.

### Lower Arm AVF

The AVF outflow vein does not collapse after being raised above the level of the heart.

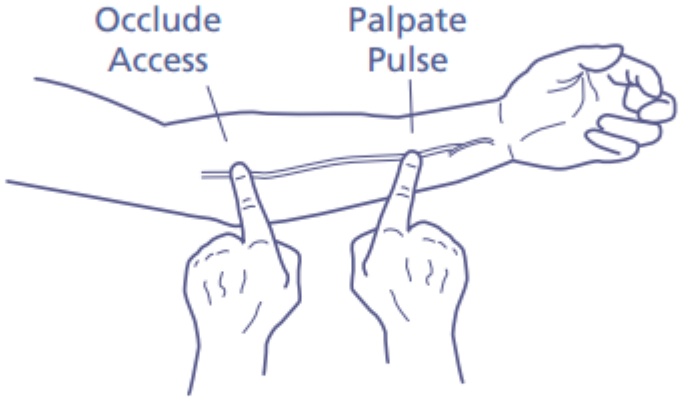
STOP

*Contact expert clinician if any "stop" signs noted.*

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

# Augmentation Test

Place your fingers on the out-going vein, feel the pulse, press down until no blood is flowing through the access. Keep your finger on the vein and feel for the pulse on the lower part of the access.




Pulse should be "strong and bounding" and may cause your finger to rise and fall with each beat.

GO

*Good to go!*

Pulse does not become more forceful or "strong and bounding".

STOP

*Contact expert clinician if any "stop" signs noted.*

# Access Monitoring: Patient

# Look

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


*Looking good!*

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


*Contact your dialysis care team if you notice any "stop" signs!*

# Listen

When you place your access next to your ear, you hear a sound. And it sounds the same as the last time you checked it.

You place your access next to your ear and hear no sound. Or it sounds different than it did the last time you checked it.


*Sounding good!*




*Contact your dialysis care team if you notice any "stop" signs!*

# Feel

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

**Pulse:** slight beating like a heartbeat. 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.


*Good to go!*




*Contact your dialysis care team if you notice any "stop" signs!*

# One Minute Catheter Check
# Dialysis Care Team

# It only takes a minute to check your patient's catheter.

**Dialysis Care Team:**

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

## Look

## Listen

## Feel

**Were there any abnormal findings during the catheter check?**

**No**

Document that there were no abnormal findings.

**Yes**

Report and document findings per facility policy and procedure.

# Check before you connect.

## Look

**CATHETER:**

- No cracks in the tubing.
- The caps are on the ends of the tubes.
- The cuff is not coming out of the skin.

**EXIT SITE:**

- No redness, drainage, bleeding, or exposure of the cuff.

**CATHETER:**

- Any problem with tubing.
- Hubs are exposed or dirty.
- Cuff is coming out of the skin.

**EXIT SITE:**

- Red, draining, or bleeding.
- Cuff is exposed.
- A stitch is still in place. (Check if it can be removed.)
- The skin over the tunnel is red.


*Good to go!*

*A Bridge to Your Lifeline*


*Report and document findings per facility Policy and Procedure.*



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# Check before you connect.

## Listen

**Listen to your patient and be sure to ask questions.**

- Does the patient think they may have a fever?
- Has the patient noticed anything different with their catheter since the last dialysis treatment?
- *If the answer is "No..."*


*Good to go!*

- Patient reports or has a fever.
- Patient reports something is different with their catheter.
- Patient reports a problem with their catheter.


*Report and document findings per facility Policy and Procedure.*

*A Bridge to Your Lifeline*

# Check before you connect.

## Feel

Press lightly on the area over the tunnel, away from the exit site.

- No pain upon pressing.
- No drainage coming from the exit site.
- The area over the tunnel feels no warmer than the surrounding area.

GO

*Good to go!*

*A Bridge to Your Lifeline*

- Pain and/or drainage from the exit site when you press lightly on the area over the tunnel.
- The area over the tunnel is warmer than the surrounding area.

STOP

***Report and document findings per facility Policy and Procedure.***

# It only takes a minute to check your patient's catheter. Check before you connect.

GO

A Bridge to Your Lifeline

STOP

## Look

Look at the CATHETER to make sure:

- There are no cracks in the catheter tubing.
- The caps are on the ends of the catheter tubes.
- The catheter cuff is not coming out of the skin.

Look at the EXIT SITE to make sure there is no:

- Redness
- Drainage
- Bleeding
- Exposure of catheter cuff

Check the skin over tunnel for redness.

- If you think there is a problem with the catheter tubing.
- If the catheter hubs are exposed or dirty.
- If the catheter cuff is coming out of the skin.
- If the exit site is red, draining or bleeding.
- If the cuff is exposed.
- If a stitch is still in place: Check to see if it can be removed
- The skin over the tunnel is red.

## Listen

Listen to the patient and be sure to ask:

- If they think they might have a fever.
- If they have noticed anything different with their catheter since the last dialysis treatment.

- If the patient reports or has a fever.
- If the patient reports something that is different with their catheter.
- If the patient reports a problem with their catheter.

## Feel

Press lightly on the area over the tunnel away from the exit site.

There should be no:

- Pain
- Drainage coming from the exit site

The area over the tunnel should not feel warmer than the area around it

If there is:

- Pain and/or drainage from the exit site when you press lightly on the area over the tunnel.
- If the area over the tunnel is warmer than the area around it.



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# One Minute Catheter Check Patient

**It only takes a minute to check your catheter.**

## Check your catheter every day.

**Look**

**Feel**

**Did you notice anything different when you checked your catheter today?**

**No change.**

Great! Keep checking each day. At your next treatment, tell your Dialysis Care Team that there was no change.

**Yes, a change.**

Call the contact given to you by your Dialysis Care Team. Share what you found. They will tell you what to do next.

*A Bridge to Your Lifeline*

# Look

Look at your catheter dressing in the mirror.

It is clean and dry, and it covers the exit site (the place where the catheter comes out of your skin)


*Looking good!*

The dressing does not cover the exit site, it is wet or dirty, there is blood or pus on the dressing.


*Contact your dialysis care team if you notice any "stop" signs!*

*A Bridge to Your Lifeline*

# Feel

*Do not remove the catheter dressing!*

Feel over the dressing.

It is dry and there is no pain in the area under the dressing.


*Good to go!*

The catheter dressing is wet, you have pain in the area under the dressing, something feels different, or you think you have a fever.


*Contact your dialysis care team if you notice any "stop" signs!*

*A Bridge to Your Lifeline*

- Empower patients to care for their access
- Teach by example – monitor their access *every treatment*
- Use materials that are visual, easy to read and that provide specific actions for the patient

# Access Monitoring

- Easy to do
- Engages the patient
- Engages the dialysis care team
- Most importantly it **WORKS**!

# Organized Approach

- Remember that more than one abnormality can occur
- Always be systematic
- Check the entire access


Critical thinking is the identification and evaluation of evidence to guide decision making

Critical thinking enhances clinical decision making, helps identify patient needs and determines the best actions that will assist the patient in meeting those needs.