WELCOME *To the*

2026 SYMPOSIUM

ESRD Life Plan Access Plan

Deborah Brouwer-Maier, RN, CNN

Stages of CKD

5 Stages Of Kidney Disease

Stage 1	Stage 2	Stage 3A	Stage 3B	Stage 4	Stage 5
GFR≧90	89≧GFR≧60	59≧GFR≧40	44≧GFR≧30	29≧GFR≧15	GFR<15
					
Normal or high function	Mildly decreased function	Mild to moderately decreased function		Severely decreased function	Kidney failure

Care Providers in various stages of CKD. Patient in all of them!

PCP, Nephrology Care Team

+ Surgeon, IR/IN = Full Dialysis Access Care Team

Race-Free Approach to Estimate GFR

National Kidney Foundation and the American Society of Nephrology Release New Way to Diagnose Kidney Diseases

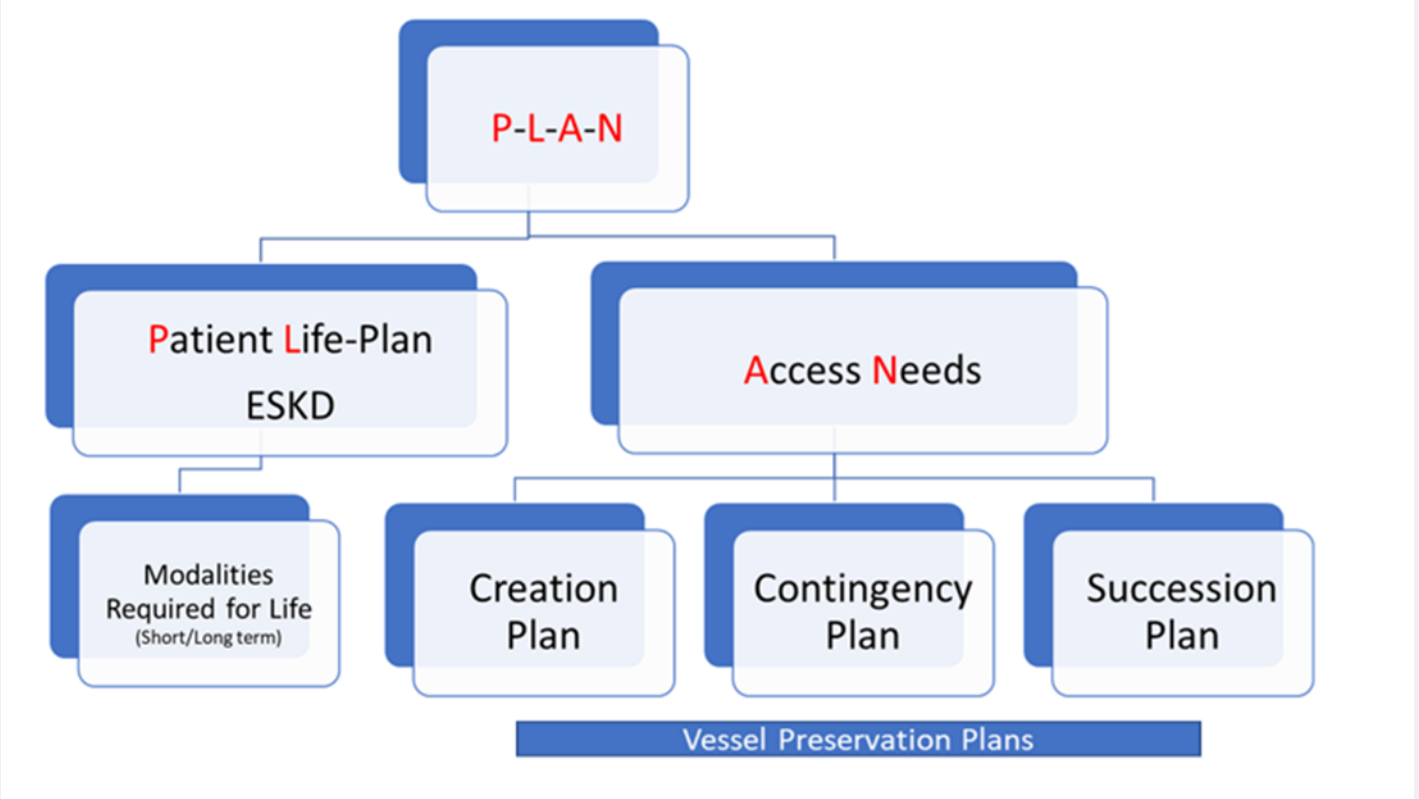
Both Organizations Recommend Race-Free Approach to Estimate GFR

Sept. 23, 2021, New York, NY – Today, the National Kidney Foundation (NKF) and the American Society of Nephrology (ASN) Task Force on Reassessing the Inclusion of Race in Diagnosing Kidney Diseases has released its final report, which outlines a new race-free approach to diagnose kidney disease. In the report, the NKF-ASN Task Force recommends the adoption of the new eGFR 2021 CKD EPI creatinine equation that estimates kidney function without a race variable. The task force also recommended increased use of cystatin C combined with serum (blood) creatinine, as a confirmatory assessment of GFR or kidney function.



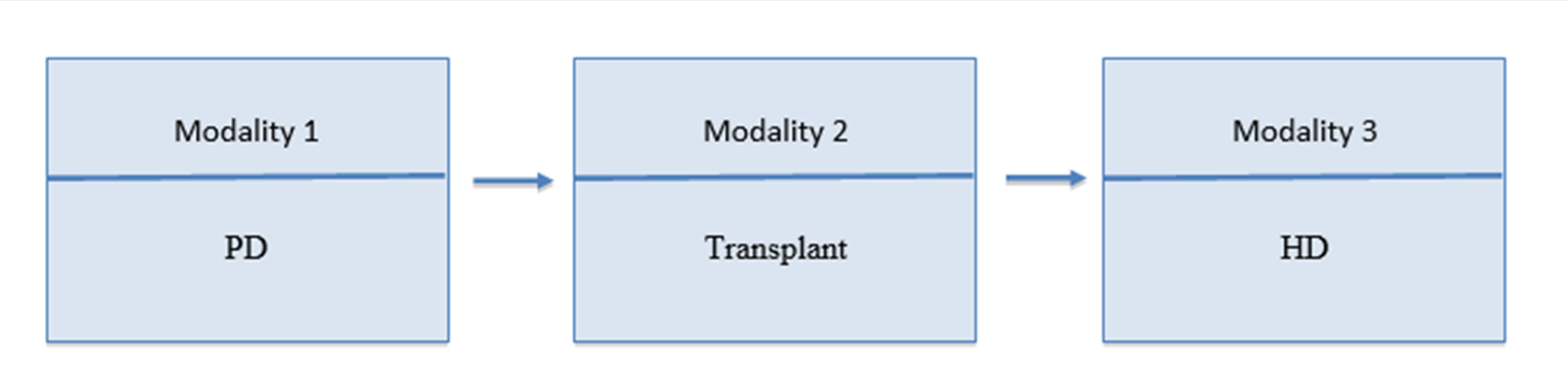
2019 NKF KDOQI Vascular Access Guidelines

ESKD Life-Plan



https://www.kidney.org/professionals/kdoqi/guidelines-and-commentaries/vascular-access

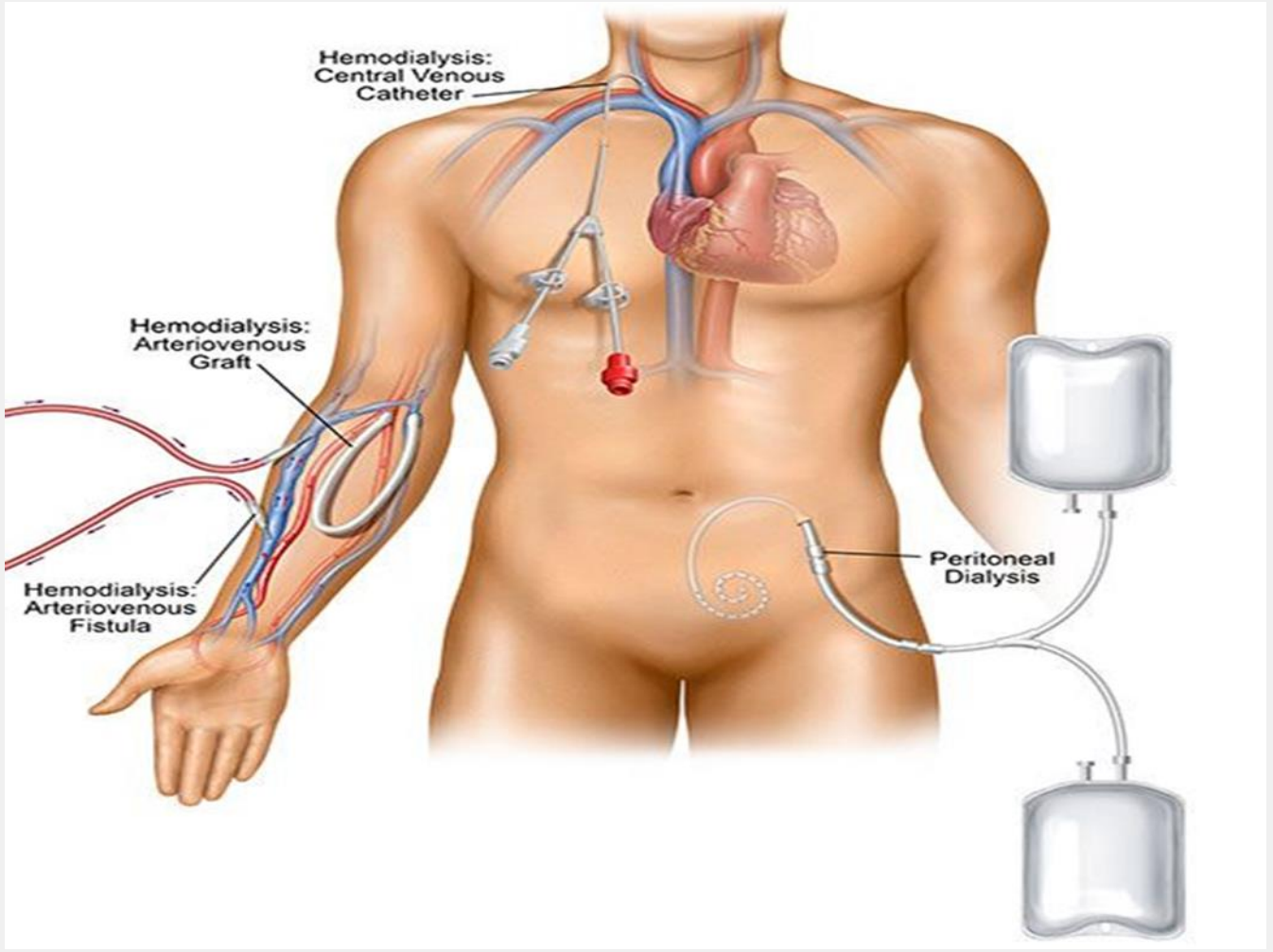
ESKD Life-Plan Example



Note: Modality Plan can include "conservative care" or "medical management."

https://www.kidney.org/professionals/kdoqi/guidelines-and-commentaries/vascular-access

Dialysis Access Types



Creation Plan

- Vessel availability (artery and veins locations, size and condition)
- May require vessel mapping
- Conduit – native vessel for AV fistula or need a conduit (various materials available) for AV graft
- Surgeon skill and availability (surgical AVF/AV, EndoAVF, HD or PD catheter placement)
- IR/IN skill and availability (EndoAVF, HD or PD catheter placement)
- Timeline for access creation to utilization

Contingency Plan

- Post-op One Minute Checks for AVG healing and AVF maturation
- Identification & Treatment of post-op issues such as infection or steal syndrome
- AV fistula maturation interventions (angioplasty, side branch ligation)
- Hemodialysis Catheter Care, Use & Removal

Contingency Plan

- Cannulation methods (initial cannulation, rope ladder or buttonhole, self-cannulation, needle gauge advancement, and Blood Flow Rate advancement)
- Ongoing use of One Minute Check as part of access monitoring, along with any surveillance methods
- Protection of the future access locations
- Dialysis Access Care Team collaboration and communications!

Succession Plan

- Updates to the next access choice if any changes have occurred that impact the succession plan
- Early identification of a failing vascular access or PD catheter
- Coordinated plan to convert from the current dialysis access (PD or HD) to the next access listed in the Access Plan
- Back to the Creation Plan with the new access, and the process repeats

Your Role in the ESKD Life-Plan and Access Plan

- Active Member of the Dialysis Care Team and the Dialysis Access Care Team
- Dialysis Care Team is responsible for the monitoring of the access – One Minute Check each treatment
- Use of proper Catheter care (HD – scrub the hub and proper infection control measures/ PD proper PD catheter exit site care and infection control measures for exchanges/cycler connection)

Your Role in the ESKD Life-Plan and Access Plan

- Use of proper cannulation method (proper infection control measures, proper site rotation with Rope Ladder method, proper needle removal, proper troubleshooting of cannulation issues
- Avoidance of cannulation into aneurysm or pseudoaneurysm formations
- Proper escalation of any abnormal findings (such as a Stop with the One Minute Check

Your Role in the ESKD Life-Plan and Access Plan

- Patient education and support of on-going education specific to the patient's dialysis access
- Proper documentation of the dialysis access condition, care and use (needle infiltrations, any abnormal One Minute Check finding, conditions of any aneurysm/pseudoaneurysm formations, patient education, etc.)
- Proper implementation of pain control measures with cannulation

Your Role in the ESKD Life-Plan and Access Plan

- Continuous skills improvement – know your skills limits and seek assistance as needed
- Support your facilities' training of patients who want to learn self-cannulation
- Patient education to help empower patients to be actively involved with their dialysis access care – improves patient satisfaction!

KDOQI Implementation Tools

https://www.kidney.org/professionals/kdoqi/guidelines-and-commentaries/vascular-access