

90-day Count Down! Planning for Catheter Removal!

Use a form for each catheter patient and review during monthly CQI meetings.

Patients Name: _____ Staff Member Assigned: _____ Catheter Placement Date: _____ Planned Catheter Removal Date: _____	<u>OK</u> (30 days)	<u>CAUTION</u> (31-60 days)	<u>ALERT!</u> (61-90 days)
Directions: Select the reason(s) below that best justify the continued use of this catheter and place the corresponding letter in the date column(s) to the right.	Date	Date	Date
A. A new permanent access is maturing (access has not yet been used routinely for dialysis) (Circle) AVF AVG Comment: _____			
B. A living donor transplant has been scheduled			
C. The patient in PD Training; PD imminent			
D. A temporary catheter while patient's permanent access is revised/declotted to be used again			
E. The patient has no other viable sites for a permanent access			
F. The patient is not medically suitable at this time for a permanent access Comment: _____			
G. Surgery for permanent access has been scheduled within 30 days. Access type: _____ Hospital: _____ Surgeon: _____ Date: _____			
H. the patient has a referral scheduled with the surgeon within the next 30 days Surgeons Name: _____ Appointment Date & Time: _____			
I. The patient had a referral with the surgeon for a permanent access, but failed to keep appointment Surgeons Name: _____ Reason: _____ Was appointment Rescheduled? _____			
J. The patient is a candidate for a permanent access, needs referral and has not yet had one. Will Refer to surgeon. (Name): _____			
K. The patient is a candidate for a permanent access and needs referral to surgeon, but refuses to go. The medical director will speak to the patient.			
L. The patient is a candidate for a permanent access, but refuses to have a permanent access placed. The medical director will speak to the patient.			
M. The patient was not assessed this month (i.e., hospitalized all month or receiving dialysis at other unit). Follow-up Plan: _____			
N. Other: _____			