

DSI Guidelines for Cannulating a **NEW AVF**

DIRECTIONS:

The Readiness of the AVF (arterio-venous fistula) is determined by the access surgeon, the nurse practitioner, and the RN assessment. The goal is to gently use the AVF when new to promote maturity and strength allowing the AVF to progress to the prescribed BFR (blood flow rate). This protocol may be adjusted by the RN, based on access assessment. However, the progression should be maintained.

ONLY ASSIGNED STAFF SHOULD CANNULATE THE NEW AVF DURING THE PROTOCOL PERIOD:

1. Always use a tourniquet.
2. Use only 17 gauge needles unless otherwise specified by the access surgeon.
3. Indicate success by checking yes or no. Comment on any problems.

If a catheter is not in place, or if present catheter is unusable, begin protocol in Section Two.

4. If a vascular access event occurs (infiltration, low arterial flows) report to RN. DO NOT attempt another needle stick. The RN will report to the nephrologist for follow-up referral.
5. If an infiltration occurs, use the catheter for one more week before attempting to use the AVF again.

TX #	ARTERIAL	VENOUS	BFR	TX DATE	Comments	Initials
1	17 ga	17 ga	200			
2	17 ga	17 ga	200 X 10 min, then 250			
3	17 ga	17 ga	200 X 10 min then 250			

Start Date	ARTERIAL	VENOUS	BFR	TX #1	TX #2	TX #3	COMMENTS	INI.
1 st Week	17 ga	17 ga	200 X 10 min then 250	Success Y N	Success Y N	Success Y N		
2 nd Week	16 ga	16 ga	250 X 3 TX	Success Y N	Success Y N	Success Y N		
3 rd Week	16 ga	16 ga	300 X 3 TX	Success Y N	Success Y N	Success Y N		
4 th Week	16 ga	16 ga	Ordered BFR	Success Y N	Success Y N	Success Y N		

Projected start date to begin using 15 ga needles: _____

Name: _____ Initials: _____ Name: _____ Initials: _____
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