

MONTHLY VASCULAR ACCESS REPORT CARD

| | | |
|------------------------|------------------|---------------------------|
| Name: | | Date: |
| Type of Access: | Location: | Date of placement: |

| Test/Machine Data | Prescribed | Actual |
|--------------------------|-------------------|---------------|
| Average Blood Flow Rate | | |
| Average Treatment Time | | |
| Blood Volume Processed | BFR x mLs/min | |
| Arterial Pressure | >-250 | |
| Venous Pressure | <250 | |
| Kt/V (lab derived) | >1.4 | |
| URR | >70% | |

| Surveillance | Prescribed | Actual |
|---------------------------------------|--|---------------|
| Access Flow (mLs/min) monthly | >400-500 AVF >600 AVG | |
| Static Venous Pressure ratio biweekly | <0.43 Arterial AVF <0.35 Venous AVF <0.75 Arterial AVG <0.50 Venous AVG | |

| Monthly Physical Examination | Yes/No (circle one) |
|-------------------------------------|----------------------------|
| Findings: | |

| Type of Event | Date | Action Taken |
|----------------------|-------------|---------------------|
| | | |
| | | |
| | | |

Why do I need a monthly Vascular Access Report Card?

The purpose of this report card is to give your hemodialysis nurses and technicians a tool to help you understand how your vascular access affects your hemodialysis treatments. Just as you cannot have hemodialysis without a functioning hemodialysis access, the quality of your treatment depends upon the quality functioning of your access. The report card will also help you understand how your machine functions to give you safe and effective treatments. You should keep your most recent report card with you to take to any scheduled or emergency medical visits. The items listed on your report card tell you and your caregivers about specific functions of your access. See the meanings of these items on the back!

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The **blood flow rate (BFR)** is the speed at which the hemodialysis machine pump is set for your treatment. Your physician or nurse practitioner prescribes this as part of your treatment to make sure enough blood goes through the dialyzer each treatment to clean your blood adequately. The average BFR number in the Actual column should equal the number or range in the prescribed column.

The **treatment time** is the number of minutes that your physician or nurse practitioner prescribes for you to be on hemodialysis at the prescribed pump speed. The average treatment time in the Actual column should equal the number in the prescribed column. This number will vary based on occasions when you start treatment late or have to leave early.

Blood volume processed (BVP) is a reading in liters from the dialysis machine that tells us how much blood has gone through the dialyzer each treatment. The machine calculates the BFR and multiplies it by the number of minutes in the treatment. An average of 100 liters per treatment should be an adequate treatment.

The **arterial and venous pressure** monitors also tell you how well your access is working. The arterial pressure tells us how much negative pressure is needed to pump the blood out of your vascular access at the set BFR on the pump. This number should not exceed – 250 mmHg. The more negative the pressure the harder it is to achieve the prescribed BFR. The venous pressure tells us how much pressure is needed to pump the blood back into your access. It should not exceed 250 mmHg.

Kt/V and URR are blood tests conducted by the lab on your monthly blood specimen. The amount of urea in the blood before and after dialysis tells how much urea has been removed by the dialyzer during your treatment. URR (urea reduction ratio) is a simple mathematical calculation showing the % of urea reduction achieved during the treatment on the day the labs were drawn. These tests tell us specifically if you are getting adequate dialysis. Professional guidelines tell us that the Kt/V should be more than 1.4 and the URR more than 70% each treatment.

Surveillance: The evaluation of the vascular access by means of tests which may involve special flow or pressure measuring devices and for which an abnormal test result suggests the presence of a problem inside the fistula or graft. These tests are not used on catheters.

Physical Examination (of the access): Looking at (inspection), feeling (palpation), and listening to the access with a stethoscope (auscultation) should be done by an experienced, knowledgeable professional every month. This exam should be conducted when you are not actively on the dialysis machine.

Events: Any vascular access occurrence such as a problem inserting needles, a catheter falling out, or a visit to the vascular access doctors should be listed. This helps you and your clinicians keep track of, and explain changes in, your vascular access. If you know of an event not listed you can tell your clinicians about it.

For additional information be sure to visit: www.MyDialysisCare.com

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