The End Stage Renal Disease Network Of Texas

arteriovenous FISTULAFIRST AVF — The first choice for hemodialysis

Month/Year: _____

Monthly Vascular Access Referral Summary

Facility: _____

Date	Patient	Procedure (provide or use code below)	Reason/complication (provide or use code below)	Location (IP or OP)	Surgery (S) or Radiology (R)	Comments / Results

 _____# Referrals to Radiology

_____ # Referrals to Surgery

_____% of Inpatient (IP) Referrals

_____ % of Outpatient (OP) Referrals

CODE:
1 = infiltration
2 = multiple needle sticks
3 = infection
4 = thrombosis
5 = fistulagram
6 = angioplasty
7 = mech. thrombectomy
8 = surg. thrombectomy
9 = chem. thrombectomy
10 = revision
11 = stent episode(s)

Distributed by Network 14
Developed by Network 13