

Fax Transmittal - **Suspected Access Dysfunction**

Surgeon _____ Intervention Requested Yes No Date: _____
 Nephrologist _____ Intervention Requested Yes No Fax: _____
 Dialysis Unit _____ Fax: _____

Patient Name: _____ DOB: _____
 Access Use: _____ Date Installed: _____
 Other Access: _____ Date Installed: _____

Maturing AVF/AVG (check all that apply)

- Unable to palpate fistula >1 inch beyond anastomosis
- Ultrasound findings:

Week 4 AVF

- >6mm depth

Week 6 AVF

- >6mm depth
- <6 mm diameter

Week 2 AVG

- >6mm depth

- Other (describe): _____

Mature AVF/AVG (check all that apply)

- Prolonged Bleeding
- Unable to achieve prescribed blood flow x3 due to:
 - Increased Venous pressure >100 at QB 200
 - Negative arterial pressure <-100 at QB
 Prescribed blood _____ Needle Gauge: _____
See attached copy of "Access Surveillance Hemo Report"
- Experienced staff having difficulty with cannulation **x2 consecutive runs**
- Unexplained decrease in dialysis adequacy (confirmed by repeat Kt/V draw)
- Pseudo aneurysm/aneurysm issues
 - Skin tight/shiny and/or eschar tissue
 - Rapid change in size
- Other (describe): _____

