


## **Key Policy Change: Antiseptic for Cannulation – ICHD Only**

### **Old Standard:**

- **Chlorhexidine** as the *primary antiseptic* for all patients.

### **New Standard:**

- **Primary Antiseptic: 70% Isopropyl Alcohol** a circular 60-second scrub, cannulate immediately without drying.
- **For patients with alcohol allergies:** Use **Betadine Swabsticks** (scrub with friction, allow to dry for 3–5 minutes). A separate swabstick per site.
- **If allergic to both Alcohol and Betadine:** Use **Chlorhexidine** (gentle back and forth strokes for 30 seconds, allow to dry for 30 seconds). Repeat with fresh swabstick for second site.

 This update ensures proper site disinfection while accommodating patient sensitivities to Chlorhexidine.

## **Site Preparation & Cannulation Steps**

### **1. Patient Hygiene:**

- Ask if the patient has washed their access. If not, direct them to do so at the handwashing sink.
- If unable, clean the access using the appropriate **Sani-Hands wipe**.

### **2. Physical Assessment:**

- Assess the full length of access.
- Assess access appearance and check for **bruit and thrill**.
- Select cannulation using the rope ladder method.

### **3. Skin Antisepsis:**

- Use **two alcohol pads** per site, scrubbing one site at a time in circular motion for a total of **60 seconds**.
- **Cannulate while the alcohol is still wet.**
- Repeat for the second site.

**Patients with alcohol allergy:** Use **Betadine swabsticks** with friction. Allow **3–5 minutes drying time**.

**If allergic to alcohol and Betadine:** Use **Chlorhexidine** and follow the formulary exception process.

### **4. Needle Insertion Guidelines:**

- Tourniquet use: **Fistulas only** (not grafts).
- **Stabilize vessel**, insert at 20–35° for shallow fistulas; 45° or longer needle for deep fistulas/grafts.
- **Bevel up.**
- Venous needle: **Antegrade (in blood flow direction)**.
- Arterial needle: **Antegrade**, 1" from venous needle, 1.5–2" from anastomosis.

### **5. Cannulation Best Practices:**

- **Thread carefully.** If pulsation stops, stop, realign, then proceed.
- **Monitor for infiltration** during flushing.
- If infiltration occurs:

- Classify (minor/major/severe), remove needle, apply pressure.
- Apply **ice packs in 20-min intervals** (not directly on skin) for 24 hours.
- **Notify charge nurse, document, and notify MD** if treatment is interrupted.

## 6. Additional Safety Protocols:

- **Do not flip needles.**
  - Only use one clamp at a time on an AVF. Do NOT use clamps on AV Grafts.
  - Adhere to **two-stick rule**—ask for help if needed.
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## Staff Acknowledgment

I have reviewed the updated **Site Preparation for Cannulation** protocol, including the revised antiseptic policy, and understand the required changes in practice.

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_