Enhancing Clinical Practice

June Policy Updates

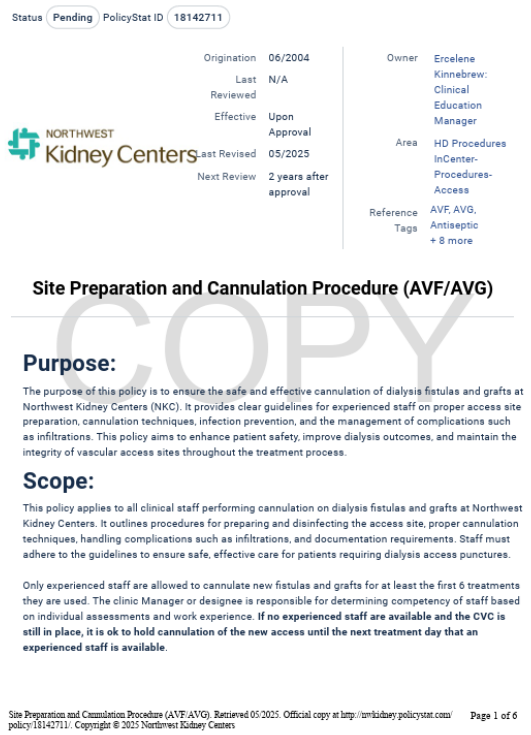
2025

Policy & Procedure Updates

1. Site Preparation & Cannulation
2. Ending Treatment on the Braun
3. Catheter DeAccessing (Including CVC Locks)
4. Restroom Use on Dialysis

What's Changing?

New Updated Procedures



Status Pending PolicyStat ID 18142711

NORTHWEST Kidney Centers

Origination	06/2004	Owner	Ercelene Kinnebrew: Clinical Education Manager
Last Reviewed	N/A		
Effective	Upon Approval	Area	HD Procedures InCenter-Procedures-Access
Last Revised	05/2025		
Next Review	2 years after approval	Reference Tags	AVF, AVG, Antiseptic + 8 more

Site Preparation and Cannulation Procedure (AVF/AVG)

COPY

Purpose:

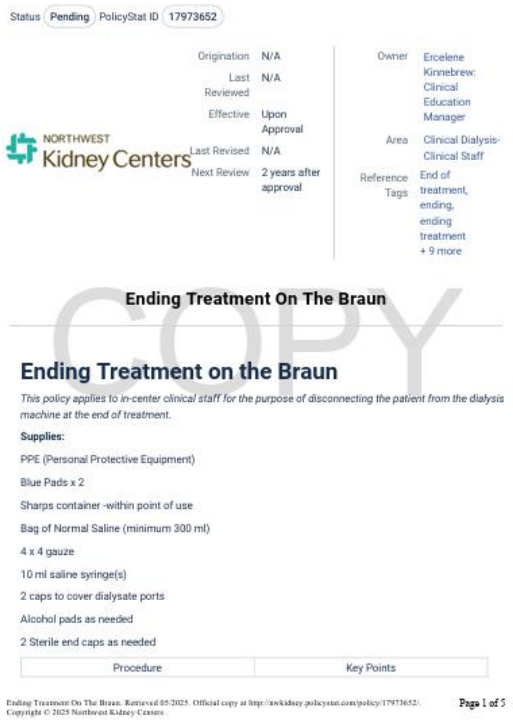
The purpose of this policy is to ensure the safe and effective cannulation of dialysis fistulas and grafts at Northwest Kidney Centers (NKC). It provides clear guidelines for experienced staff on proper access site preparation, cannulation techniques, infection prevention, and the management of complications such as infiltrations. This policy aims to enhance patient safety, improve dialysis outcomes, and maintain the integrity of vascular access sites throughout the treatment process.

Scope:

This policy applies to all clinical staff performing cannulation on dialysis fistulas and grafts at Northwest Kidney Centers. It outlines procedures for preparing and disinfecting the access site, proper cannulation techniques, handling complications such as infiltrations, and documentation requirements. Staff must adhere to the guidelines to ensure safe, effective care for patients requiring dialysis access punctures.

Only experienced staff are allowed to cannulate new fistulas and grafts for at least the first 6 treatments they are used. The clinic Manager or designee is responsible for determining competency of staff based on individual assessments and work experience. **If no experienced staff are available and the CVC is still in place, it is ok to hold cannulation of the new access until the next treatment day that an experienced staff is available.**

Site Preparation and Cannulation Procedure (AVF/AVG). Retrieved 05/2025. Official copy at http://nwkidney.policystat.com/policy/18142711/. Copyright © 2025 Northwest Kidney Centers Page 1 of 6



Status Pending PolicyStat ID 17973652

NORTHWEST Kidney Centers

Origination	N/A	Owner	Ercelene Kinnebrew: Clinical Education Manager
Last Reviewed	N/A		
Effective	Upon Approval	Area	Clinical Dialysis-Clinical Staff
Last Revised	N/A		
Next Review	2 years after approval	Reference Tags	End of treatment, ending, ending treatment + 9 more

Ending Treatment On The Braun

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Ending Treatment on the Braun

This policy applies to in-center clinical staff for the purpose of disconnecting the patient from the dialysis machine at the end of treatment.

Supplies:

PPE (Personal Protective Equipment)

Blue Pads x 2

Sharps container -within point of use

Bag of Normal Saline (minimum 300 ml)

4 x 4 gauze

10 ml saline syringe(s)

2 caps to cover dialysate ports

Alcohol pads as needed

2 Sterile end caps as needed

Procedure	Key Points

Ending Treatment On The Braun. Retrieved 05/2025. Official copy at http://nwkidney.policystat.com/policy/17973652/. Copyright © 2025 Northwest Kidney Centers Page 1 of 5

- Alcohol will be the new primary antiseptic for AVGs and AVFs
  - Decreased allergic reactions and skin irritation
  - Cleanse sites separately
  - Circular rub from inside out
  - Cannulate Immediately (while site is wet)
- Alternative Antiseptic
  - Betadine is the second option
    - Use a separate swab per site
    - Allow to air dry 3-5 minutes
  - Chlorhexidine is the third option
    - Formulary Exception
    - Use a separate wand per site – Gentle back and forth scrub for 30 seconds
    - Allow to air dry for 30 seconds

Post Treatment Reinfusion

- End of Treatment or Treatment Interruption (Restroom Use)
- Blood pump assisted reinfusion/rinseback
  - Arterial bloodline will be connected to the port on the saline line
  - Air detector will no longer be bypassed during reinfusion

New Procedure Education Plan

- New Updated Antiseptic Poster
- SBAR
- Cannulation Site Prep Audit Tool
- Video Demonstration of Changes
- Homeroom Huddle
  - Policy Review – DRAFT Copy
  - Staff Information Sheet

Educational Collateral

SBAR – Antiseptic Change for Site Preparation for Cannulation
Policy Implementation Date: June 30th

S – Situation

To enhance patient safety and reduce the risk of skin reactions, we are updating our antiseptic protocol for cannulation site preparation. Effective **June 30th**, **70% Isopropyl Alcohol** will replace **Chlorhexidine** as the **primary antiseptic** for patients without contraindications.

B – Background

Chlorhexidine, though widely used, has been associated with **increased reports of skin irritation and allergic reactions** in our patient population. To **align with current industry standards** and promote evidence-based practice, we are transitioning to **70% Isopropyl Alcohol**, which has been shown to be both **clinically effective and better tolerated**.

A – Assessment

- **Alcohol is a highly effective antiseptic** with broad-spectrum antimicrobial action, rapid evaporation, and minimal skin sensitization risk.
- The revised **Site Preparation for Cannulation** policy outlines a **60-second circular scrub using 70% Isopropyl Alcohol**, with **cannulation occurring while the site remains wet**, to optimize antiseptic efficacy.
- **Betadine Swabsticks** will be used as the **alternative for patients allergic to alcohol** (allow to dry for 3–5 minutes).
- **Chlorhexidine** will be reserved only for patients allergic to both alcohol and Betadine and will require formulary exception.

R – Recommendation

- **Implement the new antiseptic protocol by June 30th.**
- Ensure **all clinical staff have reviewed the training video and supporting materials** on the updated **Site Preparation for Cannulation** policy.
- Reinforce proper technique: **60-second scrub with 70% alcohol, cannulate while wet.**
- Monitor for and document any adverse reactions.
- Update all related signage, and patient education materials.

🚨 **Key Policy Change: Antiseptic for Cannulation**

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 a **PDI Sani-Hands wipe**.

2. Physical Assessment:

- Assess the full length of the 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 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 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:

Additional Collateral

Formulary Exception Request Form

Date of Request: ___ / ____ / ____ ☐ Initial ☐ Renewal

Patient & Clinic Information

Patient Name: _____ MRN: _____

Clinic Name: _____

Requested Medication/Product (Not on Formulary)

Name: _____

Dosage/Route: _____ Frequency/Duration: _____

Reason for Request *(Clinical justification or patient-specific need)*

Requestor Information

Name: _____ Title/Role: _____

Contact Info: _____

Approvals

Clinic Manager/Director Name: _____

Signature: _____ Date: ____ / ____ / _____

Physician Name: _____

Signature: _____ Date: ____ / ____ / _____

****

For Internal Use Only

- **Reviewed By:** _____
- **Decision:** ☐ Approved ☐ Denied
- **Comments:**

Cannulation Site Preparation Audit Tool

Audit Date: _____

Instructions:

- Conduct observation during routine cannulation.
- Check off observations based on compliance with each step.
- Use **Compliant (Y/N)** to summarize overall compliance.

Observer Name: _____ | **Unit:** _____ **Shift:** _____

Obs. #	Staff Name / Initials	Access Checked For Bruit & Thrill	Access Washed (P/S)	Alcohol Scrub 60s	Cannulate While Wet	Needle Taped Properly	Sterile Gauze Applied	Betadine Used (if allergic)	Betadine Dry (3–5 min)	Compliant (Y/N)
1		☐ Yes ☐ No	☐ P ☐ S ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Y ☐ N
2		☐ Yes ☐ No	☐ P ☐ S ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Y ☐ N
3		☐ Yes ☐ No	☐ P ☐ S ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Y ☐ N
4		☐ Yes ☐ No	☐ P ☐ S ☐ No	☐ Yes ☐ No	☐ Yes☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Y ☐ N
5		☐ Yes ☐ No	☐ P ☐ S ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Y ☐ N

Legend:

- **Access Washed (P/S):**
  - **P** = Patient washed access
  - **S** = Staff cleaned access (e.g., with PDI wipe)
  - **No** = Neither performed
- **Betadine Used / Dry Time:** Mark **N/A** if not applicable.

Antiseptic Product Grid Fistula/Graft

Product:	Use:	Contact Time: (Minimum contact and dry times)	Image of product:
Alcohol Large Pads **First antiseptic choice**	**AVF / AVG cleaning**	**60 seconds of scrub time for each cannulation site.** • Use two separate alcohol pads per site. • Skin needs to be in contact with alcohol pads using concentric circles, starting at cannulation site and working in an outward direction. • Leave the second pad in place until ready to cannulate. • **Cannulate site while WET**, with no dry time.	
Betadine Swab Sticks **Second antiseptic choice**	**AVF / AVG cleaning**	**30 seconds minimum scrub time for each cannulation site.** **Allow it to dry completely.** May take up to 5 minutes. • Use one betadine swabstick per cannulation site. • Start at the center of the cannulation site and move outward in concentric circles.	
Chlorhexidine Applicator **Third antiseptic choice** ***Formulary exception required**	**AVF / AVG cleaning** **Use only after allergy to Betadine is confirmed by charge nurse**	**30 second scrub time,** **30 second dry time.** • One applicator per cannulation site. • Start at the center of the cannulation site and use gentle back and forth strokes. • Wait until the site is completely dry.	

Reference: **Centers for Disease Control and Prevention.** (2024, April 12). *Surgical site infection (SSI) prevention guideline*. U.S. Department of Health & Human Services. https://www.cdc.gov/infection- control/hcp/surgical-site-infection/index.htm

Next Steps

Email with educational resources on June 1st

Homeroom Huddles led by Clinic Leaders/Preceptors

June 2nd – June 29th

Implementation

June 30th

Educationlist@nwkidney.org