

Vascular Access Study – Lebanon

Patient Registry ID#:

Hospital where assessment was done:

Date of Assessment: ---/---/-----

Date of VA Creation or Repair: ---/---/-----

Date this report was prepared: ---/---/-----

VA Surgery: --- Construction --- Repair

Hospital where surgery was done:

Vascular Access Preparations & Assessments – Technical Parameters

(Use every time a new vascular access was created or an existing access was repaired)

Duplex Ultrasound (Mark Y/N, Continue if Y)

Vessels assessed (Mark \checkmark all that apply)

- Unilateral (preferred extremity only)
- Bilateral
- Venous only
- Arterial only
- Venous & Arterial

Reason(s) Requested (Mark \checkmark all that apply)

- Assess patency
- Assess suitability of vessel
- Diminished arterial pulse
- Plan & design access surgery
- Other (Specify): -----

Findings

VEIN ARTERY

- | | | |
|--|---------------------|---------------------|
| - Vessel depth from skin (mm): | | |
| - Internal diameter (mm): | | |
| - Flow rate (ml/min) | | |
| - Dilation with tourniquet (%): | | |
| - Mark (\checkmark) if correct | <u> </u> <u> </u> | <u> </u> <u> </u> |
| Collapse with proximal compression | ---- | ---- |
| Augments with distal compression | ---- | ---- |
| Thickening and fibrosis of vessel wall | ---- | ---- |
| Thrombosis/Stenosis observed | ---- | ---- |

Venography (Mark Y/N, Continue if Y)

Reason(s) Requested (Mark \checkmark all that apply)

- Edema in the extremity
- Collateral vein assessment
- Differential extremity size
- Prior subclavian catheter
- Current/prior transvenous pacemaker
- Prior same-side arm or chest surgery
- Multiple previous accesses in arm
- Decide on a suitable vein
- Other (Specify): -----

Was TEMPORARY CATHETER inserted?

Date of catheter placement: ---- / ---- / -----

Reason(s) for insertion (Mark \checkmark all that apply)

- Primary access not inserted yet
- Primary access did not mature yet
- Surgery to insert primary access failed
- Primary access failed to function
- Good site for primary access not found
- Await correction of vascular problem
- Await correction of soft tissue problem
- Access site infection under treatment

VA Functionality Testing (Baseline)

Was access examined after placement or repair (Mark Y/N, Continue if Y)

Date of assessment: ---- / ---- / -----

Observed access Findings (Mark \checkmark all that apply)

- Edema or swelling in arm
- Bruising or hematoma in arm
- Pain or numbness in fingers
- Hand below access cold and pale
- Slow nail bed capillary refill
- Veins around access are distended
- Access incision site tender and has redness or drainage (infection?)
- Patient has fever
- A low pitch bruit heard at anastomosis using stethoscope
- A thrill is felt by palpation over access
- A pulse is felt on light compression at anastomosis ----? Is pulse strong ----?
- Did pulse get stronger when middle of fistula is pressed hard?
- Fistula diameter & depth appear healthy?
- Place tourniquet light near shoulder & lift arm above head, the fistula collapsed ----?