ESKD and Dialysis Access Life Plan: *What’s the PLAN?*

**Patient is Pre-RRT**
- See Figure A
  - Choose Appropriate Access
- See guidelines & recommendations for this access
- What is the contingency plan and succession plan for this dialysis access
- Next access

**RRT Modality (HD/PD/Transplant)**
- Figures B-D
  - Choose Appropriate Access
- See guidelines & recommendations for this access
- What is the contingency plan and succession plan for this dialysis access
- Next access

**RRT Modality (HD/PD/Transplant)**
- Next access

*Continual re-evaluation & planning*

"Succession Plan" = thoughtful planning for next dialysis access when the current access is anticipated to fail, that considers the patient’s ESKD Life-Plan

**Abbreviations:**
- **P** - Patient
- **L** - Life-Plan
- **A** - Access
- **N** - Needs
The Pre-RRT Patient Being Considered for Hemodialysis

What is the likelihood of long-term survival? (e.g. > 1 year)

Consider Age, Comorbidities, Functional Status, Social supports, Patient’s Goals and Preferences

Poor: Watch, Wait and Re-assess Approach

Has situation changed or improved?

- No
  - HD needed (e.g. Palliative HD^)
  - Consider AV graft (patient preference)
  - or Consider CVC (patient preference)

- Yes
  - Consider AV graft

Good: Assess for Appropriateness of AV-access+

Is this patient a good AV fistula candidate?

- No
  - Consider AV graft*

- Yes
  - Is secondary AV-fistula possible when AV-graft becomes problematic?
    - No
    - Continue with AV graft
    - Yes
    - Consider AV fistula*

*Location needs to consider subsequent accesses placements
+ May use app for guidance
^ See Guidelines for definition
The Patient Is Already on Hemodialysis With a CVC

Is an AV-Access appropriate and possible?
Central stenosis, potential access locations, medically & surgically feasible?

No -> Continue with CVC

Yes+ -> Is this patient a good AV-fistula candidate?
Consider likelihood of AV fistula success/ failure (age, comorbidities, vessel suitability*), vascular sites available, prior access failure, future access sites and possibilities

No -> Consider AV Graft

Yes -> Consider AV fistula

Consider AV Graft

Is secondary AV-fistula possible when AV-graft becomes problematic?

No -> Continue with AV graft

Yes -> Consider AV fistula

*Location needs to consider subsequent accesses placements + May use app for guidance
The Patient Is Already on Hemodialysis With a Failing AV-Access

Is AV-Access appropriate and possible?

- Central stenosis, potential access locations, medically & surgically feasible?
  - No
  - Yes+

Consider CVC (patient preference)

Is this patient a good AV-fistula candidate?

Consider AV graft

- Is secondary AV-fistula possible when AV-graft becomes problematic?
  - No
  - Yes

Continue with AV graft

Is the patient using a CVC

- Yes
- No

Is there high risk of AV fistula maturation failure and/or prolonged CVC dependency?

- Yes
- No

Consider AV fistula

*Location needs to consider subsequent accesses placements + May use app for guidance
What is the likelihood of long-term survival? (e.g. > 1 year)
Consider Age, Comorbidities, Functional Status, Social supports, Patient’s Goals and Preferences

Poor: Watch, Wait and Re-assess Approach
Has situation changed or improved?
No
Non-Dialytic Care

Consider CVC (patient preference)

Good: Assess for Appropriateness of AV-access+

Is this patient a good AV-fistula candidate?
No
High likelihood of AVF success and limited CVC dependency (consider age, comorbidities, vessel suitability*)?; consider, vascular sites available, prior access failure, future access sites and possibilities

Yes
Consider AV fistula*

Is secondary AV-fistula possible when AV-graft becomes problematic?
No
Continue with AV graft

Yes
Consider AV graft*

*Location needs to consider subsequent accesses placements
+ May use app for guidance
^ See Guidelines for definition
What is the likelihood of long-term survival? (e.g. > 1 year)
Consider Age, Comorbidities, Functional Status, Social supports, Patient’s Goals and Preferences

**Poor:**
Watch, Wait and Re-assess Approach

Has situation changed or improved?

- **No**
  - Non-Dialytic Care
- **Yes**
  - Consider CVC (patient preference)

**Good:**
Assess for Appropriateness of AV-access+

Is this patient a good AV-fistula candidate?

- **No**
- **Yes**
  - High likelihood of AVF success and limited CVC dependency (consider age, comorbidities, vessel suitability*)?; consider, vascular sites available, prior access failure, future access sites and possibilities

Is secondary AV-fistula possible when AV-graft becomes problematic?

- **No**
- **Yes**
  - Consider AV graft*

Consider AV fistula*

Continue with AV graft

# When eGFR <30 ml/min, transplant patient should be referred to nephrologist for pre-RRT planning
*Location needs to consider subsequent VA placements
+ May use app for guidance

Figure 1.6

The Transplant Patient is Failing and Being Considered for HD#

When eGFR <30 ml/min, transplant patient should be referred to nephrologist for pre-RRT planning
*Location needs to consider subsequent VA placements
+ May use app for guidance