<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Radio-cephalic AVF (L)*</td>
<td>1. Preserve HD current vascular access</td>
<td>Note: Would be re-evaluated during time with transplant</td>
</tr>
<tr>
<td>2. Forearm loop graft (L)</td>
<td>2. Protect peripheral and central veins</td>
<td>Goal: to re-start HD with a functioning AV access</td>
</tr>
<tr>
<td>3. Brachiocephalic AVF (L)</td>
<td>3. Re-evaluate once receives transplant</td>
<td></td>
</tr>
<tr>
<td>*Deceased donor transplant list</td>
<td>4. Evaluation for AV-access if transplant failing</td>
<td></td>
</tr>
</tbody>
</table>
I gave input into my ESKD Life-Plan, understand it and agree to it.

I have discussed the KRT options and associated dialysis access strategies with the patient and answered their questions to their satisfaction and understanding.

Patient signature

Health care professional signature

Date:

This is the initial ESKD Life-Plan:  
☐ Yes  
☒ No

If no, Date of initial ESKD Life-Plan: Jan 1 2021

This is an annual update:  
☒ Yes  
☐ No

Has the ESKD Life-Plan changed since the last review:  
☐ Yes  
☒ No

If YES, the ESKD Life-Plan has changed, I confirm that this is a new ESKD Life-Plan document:  
☐ Yes  
☒ N/A  
☐ No