

VASCULAR ACCESS

AV Access Cannulation Checklists



NATIONAL KIDNEY
FOUNDATION®

KDOQI Cannulation Practices

- Assess or check the vascular access and surrounding area by physical exam prior to every cannulation (if AV access) or connection (if CVC) for potential complications
- Use rope ladder cannulation as preferred technique for AV fistulas
- Use buttonhole cannulation only under special circumstances due to risks of infection and related complications
- Avoid buttonhole cannulation in synthetic AV grafts
- Initial AV access cannulations should be performed by skilled cannulators with established cannulation success
- Structured training and supervision should be provided to dialysis technicians and nurses before and during their initial cannulation attempts

CPG 11.1

CPG 11.2

CPG 11.3

CPG 11.4

CPG 11.6

CPG 11.7

KDOQI Cannulation Practices – cont.

- There should be regular cannulation training updates for dialysis technicians and nurses to maintain cannulation training
- Eligible patients should be supported and educated to self cannulation of their AV accesses

CPG 11.7

CPG 11.8

Checklist: Arteriovenous fistula/graft cannulation

- Clean site with soap and water
- Perform hand hygiene (staff)
- Put on new, clean gloves
- Apply skin antiseptic and allow it to dry
- Do not contact site (after antisepsis)
- Insert needles aseptically
- Secure needles with tape
- Connect to blood lines aseptically
- Remove gloves
- Perform hand hygiene

Checklist: Arteriovenous fistula/graft cannulation

- Perform hand hygiene (staff)
- Put on new, clean gloves
- Disconnect from blood lines aseptically
- Unsecure needles by removing tape
- Remove needles aseptically and activate needle retraction device
- Wear clean gloves (patient and/or staff) to compress site
- Apply clean gauze/bandage to site
- Remove gloves (staff and/or patient)
- Perform hand hygiene (staff and/or patient)

CDC Dialysis Collaborative

Day: M W F Tu Th Sa Shift: 1st 2nd 3rd 4th

Facility Name: _____ Date: _____ Start time: _____ AM/PM

Observer: _____ Location within unit: _____

Audit Tool: Arteriovenous fistula/graft cannulation observations

(Use a "√" if action performed correctly, a "Φ" if not performed. If not observed, leave blank)

Discipline	Site cleaned with soap and water	Hand hygiene performed (staff)	New, clean gloves worn	Skin antiseptic applied appropriately	Skin antiseptic allowed to dry	No contact with fistula/graft site (after antiseptics)	Cannulation performed aseptically	Connect to bloodlines aseptically	Gloves removed	Hand hygiene	Comments

Discipline: **P**=physician, **N**=nurse, **T**=technician, **S**=student, **O**=other

Duration of observation period = __minutes

Number of procedures performed correctly = _____

Total number of procedures observed during audit = _____

ADDITIONAL COMMENTS/OBSERVATIONS



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CDC Dialysis Collaborative

Day: M W F Tu Th Sa Shift: 1st 2nd 3rd 4th

Facility Name: _____ Date: _____ Start time: _____ AM/PM

Observer: _____ Location within unit: _____

Audit Tool: Arteriovenous fistula/graft decannulation observations

(Use a "√" if action performed correctly, a "Φ" if not performed. If not observed, leave blank)

Discipline	Hand hygiene performed (staff)	New, clean gloves worn	Disconnect from blood line aseptically	Needles removed aseptically	Clean gloves worn (by patient/staff) to compress site	Clean gauze/ bandage applied to site	If other activities performed between needle removals, hand hygiene is performed and new, clean gloves are worn	Staff gloves removed	Staff hand hygiene performed	Patient gloves removed and hand hygiene performed (if applicable)	Comments

Discipline: **P**=physician, **N**=nurse, **T**=technician, **S**=student, **O**=other

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