

Early Referral to Surgeon for “AVF Only” Evaluation and Timely Placement

*The Florida
ESRD
Network is
Here to
Help!*

- Nephrologist/skilled nurse performs appropriate evaluation and physical exam prior to surgery referral.
- Nephrologist refers for vessel mapping where feasible, ideally prior to surgery referral.
- Nephrologist refers patients to surgeons for “AVF only” evaluation, no later than Stage 4 CKD (GFR <30). Surgery scheduled with sufficient lead-time for AVF maturation.
- Nephrologist defines AVF expectations to surgeon, including vessel mapping.
- If pre-ESRD placement of AVF does not occur, nephrologist ensures that patient receives AVF evaluation and placement (if feasible) at the time of initial hospitalization for temporary access (e.g. catheter).

Assess your Barriers to Timely Referrals —

1. Nephrologists and surgeons not taking responsibility.
2. Nephrologists and surgeons not ordering mapping.
3. Surgeons only place grafts and catheters.

Interventions to Barriers

1. Share the Fistula First Change Concept #3 information with your nephrologist.
2. Discuss including vascular access orders as part of the admission or standing orders with your nephrologist. (i.e. Schedule vessel mapping for AVF as needed for access placement. Refer to surgeon for “AVF only” evaluation as needed for access placement.)
3. Share the K/DOQI guidelines for vessel mapping with your nephrologist and surgeons. (Mapping guidelines: Artery >2.0 mm Vein >2.5 mm.)
4. Educate your nephrologist, staff and patients on the importance of AVF as vascular access, the impact on mortality and the effect on the patient’s quality of life.
5. Visit the Florida ESRD Network website for Fistula First educational information for physicians, staff and patients at www.fmqai.com/ESRD/esrd.htm. Click on Fistula First, then Resources and Tools, then Fistula First Toolkit.



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