



## The Florida ESRD Network

### *Educational Series# 2* *Vascular Access Monitoring / Surveillance* *Monitoring (Physical Examination)*

This is the **second** of four educational series targeted to address vascular access monitoring/surveillance.

**Monitoring:** (physical examination) Monitoring of an access for detection of stenosis includes early recognition and reporting of changes to allow for timely intervention referral.

Physical examination of the vascular access is simple to perform and easily accessible. It is important that staff training in procedures for vascular access examination be standardized, and includes how to document and trend examination findings.

Physical examination of the vascular access should be completed prior to needle placement to identify problem areas that may require an assessment to determine access use. Physical examination should also be performed post treatment prior to patient discharge.

- ✓ Look
  - Observation of access for signs and symptoms of infection, color, notation of bumps or hematomas, which may cause pressure on the access.
- ✓ Listen
  - Bruit should be audible at both the anastomosis and over the length of the fistula or graft. Frequent listening enables comparison of the bruit from treatment to treatment to detect changes, which may indicate complication. Bruit changes to a higher pitch or “whistling” sound may indicate stenosis development.
- ✓ Feel
  - Palpation of the access to determine change in the access from a thrill to a more “hammer-like” pulsation, presence of edema and temperature, identification of areas that may be difficult for cannulation.
- ✓ Chart
  - Document pre and post treatment access physical examination findings including observations, ease or difficulty in cannulation, and post needle removal pressure time.

Physical examination should not be confused with the routine monitoring of the access during the course of the hemodialysis treatment. The vascular access should be visible when in use during the treatment session, inspected routinely, and documented in the treatment record.

Vascular access surveillance is addressed in series # 3.

**Additional information can be located in the K/DOQI Guidelines at**  
<http://www.kidney.org/PROFESSIONALS/kdoqi/guidelines.cfm>

The Florida ESRD Network (Network 7) is providing this fax blast as a technical assistance activity for the Florida renal community.