



The Florida ESRD Network

VASCULAR ACCESS MONITORING / SURVEILLANCE EDUCATIONAL SERIES QUIZ

1. According to the KDOQI Guideline “Detection of Access Dysfunction,” vascular access monitoring is defined as:
 - a. The periodic evaluation of the vascular access by using tests that may involve special instrumentation
 - b. The examination and evaluation of the vascular access by means of physical examination to detect signs that suggest the presence of dysfunction
 - c. The amount of blood flowing through the vascular access
 - d. The rate of the blood pump speed during the treatment session

2. Physical examination of the vascular access should be completed:
 - a. Prior to cannulating the vascular access
 - b. After needles are inserted before starting the blood pump
 - c. Pre treatment initiation prior to needle insertion and post treatment after needle removal
 - d. Once the blood pump is at the prescribed speed

3. Components of the physical examination include:
 - a. Look, Listen and Feel
 - b. Listen, Feel, Chart
 - c. Look and Listen
 - d. Look, Listen, Feel, Chart

4. Loss of patency of the vascular access may result in:
 - a. Lower blood flow rates
 - b. Decrease in adequacy rate
 - c. Extended treatment time
 - d. All of the above

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

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5. Which of the following is NOT a method recommended for vascular access surveillance:
 - a. Doppler Ultrasound
 - b. Derived static venous pressure measurement
 - c. Listen for the bruit
 - d. Variable Flow Doppler Ultrasound

6. A single isolated abnormal value determined by surveillance technique is the most reliable result to detect access dysfunction:
 - a. True
 - b. False

7. The frequency to analyze access monitoring/surveillance data is:
 - a. Once a year
 - b. Every three months
 - c. At least monthly
 - d. When the access fails

8. Monitoring and surveillance of the vascular access does not need to continue once intervention restores the blood flow in the access to normal:
 - a. True
 - b. False

9. The patient plan of care should include which of the following:
 - a. The access problem identified
 - b. Planned access interventions with timelines
 - c. Process for access reassessment
 - d. All of the above

10. Review of aggregate access monitoring and surveillance data including interventions should be reviewed in facility QI meetings to identify areas for improvement to address in CQI plans:
 - a. True
 - b. False

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