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Step-Wise Approach to the Development and Implementation of a Vascular Access (VA) Plan

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Morbidity related to vascular access is the leading cause of hospitalization among patients who receive chronic hemodialysis. Vascular access related costs account for up to 25% of all end-stage renal disease Medicare costs, totaling nearly \$1 billion annually. Creation and maintenance of a fully functioning VA requires an active rather than passive process to assure optimum success. Arteriovenous fistulas (AVF) provide higher blood flow rates and are associated with lower rates of infection, thrombosis, septicemia, and central venous stenosis when compared to other types of accesses. Despite these data, approximately 80% of incident patients start hemodialysis with a venous catheter. One approach to improve AVF establishment involves the creation and implementation of a VA plan. Knowledgeable nurses are best equipped to organize a team, utilize resources and implement a plan into action. Defining and understanding specific components of a VA plan, from vessel mapping, to catheter removal, help facilitate AVF maturation and maximize the quality of life and well-being of hemodialysis patients. The presentation will focus on the creation and implementation of a VA plan, recognition of VA dysfunction and explanations of possible VA interventions. During the presentation, case studies will be used to illustrate the techniques for VA assessment, monitoring, and intervention for all types of VA with a particular focus on AVF. By identifying barriers, providing practical knowledge, exploring a variety of solutions nephrology nurses can immediately establish and employ a successful VA care plan in their practice. This process will enable caregivers to employ an organized approach to achieve VA outcomes beneficial to the individuals they serve.

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