

# VENOUS NEEDLE DISLODGEEMENT (VND)

## HOW TO MINIMIZE RISKS

### Recommendations for Nephrology Nurses

|           |   |  |
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| <b>1</b>  | <b>AWARENESS</b>  | Education materials for staff, patients, and care providers.   |
| <b>2</b>  |    | An area around the arteriovenous vascular access large enough for taping should be cleaned and allowed to dry before cannulation.  |
| <b>3</b>  |    | Hemodialysis units should follow their organization's policy and procedure for:<br>1. Taping needles and bloodlines. The ANNA <i>Core Curriculum for Nephrology Nursing</i> , 7th edition, is a resource for information on the secure taping of access needles.<br>2. Securing CVC connections. |
| <b>4</b>  |   | Bloodlines should be looped loosely to allow movement of the patient but prevent bloodlines from pulling on the needles.   |
| <b>5</b>  |  | If it is necessary to reposition a needle or flush a CVC, all taping should be replaced and needles secured with fresh/new/clean tape.   |
| <b>6</b>  |  | Vascular access and needles/connections should be visible at all times during hemodialysis.  |
| <b>7</b>  |  | Checking the vascular access and connections should be part of the monitoring routine during the hemodialysis treatment.   |
| <b>8</b>  |  | All patients should be assessed for the level of risk of VND following the "Assessment of the Risk for a Serious Venous Needle Dislodgement Incident." If indicated, an alarm device intended for monitoring a VND (wetness/blood) may be used.  |
| <b>9</b>  |  | When the venous pressure alarm is activated, the vascular access, needle sites, access-bloodline connection, and bloodline positions should always be inspected prior to resetting the alarm and/or alarm limits.  |
| <b>10</b> |  | The lower limit of the venous pressure alarm should be set as close as possible to the current venous pressure, as allowed by the dialysis equipment.  |
| <b>11</b> |  | Staff members, patients, and care partners should be aware that the venous pressure monitoring system of the hemodialysis machine can often fail to detect VND and access-bloodline separation.  |
| <b>12</b> |  | Additional protection can be provided by devices intended to detect blood loss from the needle site to the environment.  |

Note: This poster was developed by the European Dialysis and Transplant Nurses Association/European Renal Care Association and adapted with permission by the American Nephrology Nurses Association.

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