

VENOUS NEEDLE DISLODGEEMENT (VND)

HOW TO MINIMIZE THE RISKS

Recommendations for Nephrology Nurses

1	AWARENESS	Education materials for staff, patients, and care providers.
2		An area around the vascular access large enough for taping should be cleaned and allowed to dry before cannulation.
3		Hemodialysis units should follow their organization's policy and procedure for taping needles and blood lines. Resources addressing secure taping of access needles include: ANNA Core Curriculum, 5th Edition, pg 757-758 • FistulaFirst: www.fistulafirst.org
4		Blood lines should be looped loosely to allow movement of the patient but prevent blood lines from pulling on the needles.
5		If it is necessary to reposition a needle, all taping should be replaced and needles secured with fresh/new/clean tape.
6		Vascular access and needles should be visible at all times during hemodialysis.
7		Checking the vascular access should be part of the monitoring routine during hemodialysis treatment.
8		All patients should be assessed for level of risk of VND following "Assessment of the Risk For a Serious Venous Needle Dislodgement Incident, Recommendations for Nephrology Nurses." If appropriate and available, an alarm device intended for monitoring VND may be used.
9		When the venous pressure alarm is activated, the vascular access, needle sites, and blood line positions should always be inspected prior to resetting the alarm and/or alarm limits.
10		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.
11		Staff, patients, and care partners should be aware that the venous pressure monitoring system of the dialysis machine can often fail to detect VND. If the change in pressure does not cause variation of the pressure reading beyond the pressure indicator's set limits, an alarm may not occur.
12		Additional protection can be provided by devices intended to detect blood loss from the needle site to the environment.