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Peripheral Venous Access in the Arteriovenous Arm of Dialysis Patients. A Clinical Experience

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Introduction: Establishing a peripheral venous access (PVA) continue to be problem in hospitalized patients especially with dialysis patients. Medical providers have always been instructed to avoid the dialysis arm for insertion of a PVA. We are reporting our clinical experience in inserting a PVA in the arteriovenous access (AA) arm of dialysis patients.

Abstract: Four patients with End Stage Renal disease had a PVA inserted on the side of their AA arm. Two patients has an arteriovenous (AV) fistula, one patient with an upper AV graft and one with a forearm AV graft. Clearance was obtained from the attending nephrologist for the insertion of the PVA. All PVA were inserted below the wrist. Admission diagnosis included gastrointestinal bleeding, congestive heart failure, atrial fibrillation, and acute coronary syndrome, necessitating an immediate need for PVA. No access was obtained on all the patients at other peripheral sites after multiple attempts. One patient eventually had an external jugular catheter and the other three patients had a central line placed. The main number of days the PVA was in place was 3 days. There were no complications of phlebitis, hematoma or excessive bleeding after removal of the PVA. The patients were dialyzed as scheduled. There were no thrombosed access on outpatient follow up.

Conclusion: Establishing a PVA is critically important and sometimes technically difficult especially with dialysis patients. Insertion of a PVA below the wrist of the AA arm can be used temporarily until another access can be inserted. From our small clinical experience, there were no immediate or long term problems on the AV access.

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