It only takes a minute to save your patient’s lifeline.

**GO**

The skin over the access is all one color and looks like the skin around it.

**Look**

There is redness, swelling or drainage. There are skin bulges with shiny, bleeding, or peeling skin.

**Listen**

Bruit - the hum or buzz should sound like a “whoosh,” or for some may sound like a drum beat. The sound should be the same along the access.

There is no sound, decreased sound or a change in sound. Sound is different from what a normal Bruit should sound like.

**Feel**

Thrill: a vibration or buzz in the full length of the access.

Pulse: slight beating like a heart-beat. Fingers placed lightly on the access should move slightly.

Pulsatile: The beat is stronger than a normal pulse. Fingers placed lightly on the access will rise and fall with each beat.

**Arm Elevation**

**Upper Arm AVF**

The AVF outflow vein partially collapses when the arm is raised above the level of the heart. It may feel “flabby” when palpated.

**Lower Arm AVF**

The AVF outflow vein collapses when arm is raised above the level of the heart.

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ESRD NCC

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arteriovenous FISTULAFIRST

AVF — The first choice for hemodialysis
Look

The skin over the access is all one color and looks like the skin around it.

There is redness, swelling or drainage. There are skin bulges with shiny, bleeding, or peeling skin.

GO

Good to go!

STOP

Contact expert clinician if any “stop” signs noted.
Listen (Stethoscope Bruit)

The hum or buzz should sound like a “whoosh,” or for some may sound like a drum beat. The sound should be the same along the access.

No sound or decreased sound. Change noted. Sound is different from what a normal BRUIT should sound like.

GO
Sounding good!

STOP
Contact expert clinician if any “stop” signs noted.
**Feel**

**Thrill:** a vibration or buzz in the full length of the access.

**Pulse:** slight beating like a heart-beat. Fingers placed lightly on the access should move slightly.

**Pulsatile:** The beat is stronger than a normal pulse. Fingers placed lightly on the access will rise and fall with each beat.

---

**GO**

*Good to go!*

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**STOP**

*Contact expert clinician if any “stop” signs noted.*
Arm Elevation Test

Upper Arm AVF
The AVF outflow vein partially collapses when the arm is raised above the level of the heart. It may feel “flabby” when palpated.

Lower Arm AVF
The AVF outflow vein collapses when the arm is raised above the level of the heart.

GO
Good to go!

Upper Arm AVF
The AVF outflow vein does not partially collapse or become “flabby” after being raised above the level of the heart.

Lower Arm AVF
The AVF outflow vein does not collapse after being raised above the level of the heart.

STOP
Contact expert clinician if any “stop” signs noted.
Augmentation Test

Place your fingers on the out-going vein, feel the pulse, press down until no blood is flowing through the access. Keep your finger on the vein and feel for the pulse on the lower part of the access.

Occlude Access  Palpate Pulse

Pulse should be “strong and bounding” and may cause your finger to rise and fall with each beat.

Pulse does not become more forceful or “strong and bounding”.

GO

Good to go!

STOP

Contact expert clinician if any “stop” signs noted.
It only takes a minute to save your patient’s lifeline.

Dialysis Care Team:
- Perform access check at each treatment or when patient reports a change.
- Reinforce importance of daily access checks to patient.
- Listen to the patient.

Look

Listen

Feel

Arm Elevation Test (AVF Only)

Augmentation Test (Optional)

Were there any abnormal findings during the access check?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document that there were no abnormal findings.</td>
<td>Document findings and refer to expert clinician.</td>
</tr>
</tbody>
</table>

Expert Clinician:
Assess each access monthly or more often if problems are reported.

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