ATTENTION: VASCULAR ACCESS NURSE

ASSESSMENT OF MATURATION OF FISTULA OR GRAFT

Access Creation Date: _____________________    Surgeon: _________________________________

Post Access Creation Assessment:   ☐ 2 weeks    ☐ 6 weeks    Other ___________________
Assessment Date: ____________________________________

Access Type (if any):

<table>
<thead>
<tr>
<th>Side:</th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location:</th>
<th>Fistula</th>
<th>Graft</th>
<th>AVG Only:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper Arm</td>
<td>☐</td>
<td>☐</td>
<td>Straight</td>
</tr>
<tr>
<td>Lower Arm</td>
<td>☐</td>
<td></td>
<td>Looped</td>
</tr>
<tr>
<td>Thigh</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Pulse Assessed</td>
<td>☐Radial</td>
</tr>
<tr>
<td>Pulse Quality</td>
<td>☐Present</td>
</tr>
<tr>
<td>Bruit</td>
<td>☐Strong</td>
</tr>
<tr>
<td>Thrill</td>
<td>☐Strong</td>
</tr>
<tr>
<td>Hand/Foot Temp</td>
<td>☐Hot</td>
</tr>
<tr>
<td>Hand/Foot Colour</td>
<td>☐Normal</td>
</tr>
<tr>
<td>Finger/Toe Capillary Refill</td>
<td>☐Delayed</td>
</tr>
<tr>
<td>Pain</td>
<td>☐Not Present</td>
</tr>
<tr>
<td>Skin Integrity</td>
<td>☐Normal</td>
</tr>
<tr>
<td>Vessel Condition</td>
<td>☐Soft</td>
</tr>
<tr>
<td>Vein diameter</td>
<td>_____mm</td>
</tr>
<tr>
<td>Vein depth</td>
<td>_____mm</td>
</tr>
</tbody>
</table>

Is patient exercising access arm?   ☐Yes  ☐No

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**Summary of Findings:**

- [ ] Maturing as expected for age/stage of access
- [ ] Maturing but concerns identified
- [ ] Not maturing as expected for age/stage of access

If maturing but concerns identified, or not maturing, please complete the next two sections:

**Comments re concerns:**

________________________

**Potential Conditions:**

- [ ] Collateral vessels developing
- [ ] Failure to mature
- [ ] Needs more time to assess
- [ ] Poor arterial supply
- [ ] Possible steal syndrome
- [ ] Possible stenosis
- [ ] Possible thrombosis
- [ ] Possible infection
- [ ] Swollen
- [ ] Other, please specify __________________________

**Plan:**

- [ ] Continue regular follow-up
- [ ] Repeat assessment in 1 – 2 weeks
- [ ] Further investigation needed
- [ ] Refer to Nephrologist for assessment and/or antibiotics
- [ ] Refer to Surgeon for assessment
- [ ] Refer to VA Clinic for assessment

**Investigations Required:**

- [ ] Arteriogram
  - [ ] Unilateral
    - [ ] Arm
    - [ ] Right
  - [ ] Bilateral
    - [ ] Leg
    - [ ] Left
- [ ] Venogram
  - [ ] Unilateral
    - [ ] Arm
    - [ ] Right
  - [ ] Bilateral
    - [ ] Leg
    - [ ] Left
- [ ] CT Scan
- [ ] Doppler Ultrasound
- [ ] Fistulogram
- [ ] Fistulogram +/- Angioplasty
- [ ] Other (please specify) __________________________

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