

Vascular Access Assessment

Inspect
(Look!)



Palpate
(Feel!)



Auscultate
(Listen!)



Normal or Abnormal?

	NORMAL	ABNORMAL Notify MD and VA RN
Hand/Foot Colour	Normal	Dusky or blue Red
Skin Integrity	Normal (but there can be post-surgical inflammatory red flare on skin)	Small pustular lesions Erythema, tight, shiny and tender skin, drainage from access, skin warm or hot to touch, and pain
Edema	No edema; if edema present, goes away when limb is elevated	Edema of limb Edema in chest, neck, arm, and/or face Subcutaneous collateral veins observable in the neck, upper chest and shoulder
Thrill	Prominent at the arterial anastomosis; decreases as move away from anastomosis	No palpable thrill Additional thrill palpable along the course of access
	Vessel is soft and easily compressible Pulse felt over entire graft (AVGs)	Pulse palpable at site of stenotic lesion (if AVF, may have water-hammer feel and disappears abruptly beyond the stenotic site; proximal pulse weak) Vessel is not easily compressible
Hand/Foot Temperature	Warm	Cool or cold Hot
Capillary Refill	Normal	Delayed
Pain	Not present	Mild to severe
Bruit	Prominent at the arterial anastomosis; decreases as move away from the anastomosis	High-pitched, discontinuous, and/or audible on systole only
	Low-pitched, continuous and audible on diastole and systole	No bruit

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See guidelines: (1) Cannulation of AV Fistulas and Grafts; and (2) Assessment of Maturation of Newly Created AV Fistulas and Grafts.

The guidelines are available from the BC Renal website:
bcrenalagency.ca > **Health Info** > **Managing My Care** > **Vascular Access**

