HHD Audit Tool
Arteriovenous Fistula/Graft

BCRenal
Provincial Health Services Authority

Patient Name: _____ Date: _____

Reason for Vascular Access Audit: _____

Assessment completed at: ☐ Home ☐ Clinic

Vascular Access Assessment

1. Is a transonic required? ☐ Yes ☐ No
2. If yes, is it routine? ☐ Yes ☐ No
3. Last access flow: _____
4. Visual inspection of vascular access: _____

Cannulation Assessment

1. Hand Hygiene
   - ☐ Wash hands and access with soap and water appropriately
   - ☐ Skin cleansed with antiseptic solution
   - ☐ Antiseptic dry time as per protocol

2. Cannulation- Buttonhole Technique
   - ☐ Scab removed with sterile blunt tip needle
   - ☐ A new sterile needle is used to remove second buttonhole scab
   - ☐ No evidence of bleeding post scab removal
   - ☐ Scab removed completely
   - ☐ Skin and buttonhole sites cleansed a second time with antiseptic solution
   - ☐ Antiseptic dry time as per protocol
   - ☐ Cannulation as per protocol
   - ☐ Aseptic technique followed

3. Cannulation - Rope Ladder Technique
   - ☐ Appropriate sites located on fistula/graft
   - ☐ Cannulate as per protocol
   - ☐ Aseptic technique followed

4. De-Cannulation
   - ☐ Performs hand hygiene using hand sanitizer
   - ☐ Removes needles as per protocol
   - ☐ Antiseptic ointment or gauzes applied to sites as per protocol

Comments: _____

_____

Document in PROMIS: o Vascular Access Assessment o Transonic Reading

Treatment Area Assessment

1. Cleanliness	☑	Comments
Machine	☐	
Room	☐	
Work area	☐	
2. Expiry Dates	**☑**	**Comments**
Medication	☐	
Emergency kit	☐	
Supplies	☐	
3. Aseptic Technique	**☑**	**Comments**
Machine set-up	☐	
Cannulation	☐	
Hook-up procedure	☐	
4. Water	**☑**	**Comments**
Water samples	☐	
Water detectors functioning	☐	
Correct placement of water detectors	☐	
5. Prescription	**☑**	**Comments**
Prescription updates	☐	
Checks pre-sets entered correctly	☐	
6. Troubleshooting Refresher	**☑**	**Comments**
Emergency take-off/evacuation	☐	
Chest pain	☐	
Fever	☐	
Air embolus	☐	
High/low blood pressure	☐	
Bleeding	☐	
Hemolysis	☐	

7. Disaster Planning	☑	Comments
Disaster plan/escape route	☐	
Clamp and cut kit present	☐	
Disconnect procedure visible	☐	

8. Function	☑	Comments
Machine	☐	
WRO/Pure Flow	☐	
Centrifruge	☐	
Syringe Pump	☐	

Patient signature _____

Educator name _____

Educator signature _____

References

Rousseau Gagnon, M. et al. (2015) The Use of vascular access audit and infection in home hemodialysis, International Society of Hemodialysis, 1-8