

Add Health Authority Logo
Add Name & Address of Vascular Access Clinic
Phone #: _____ Fax #: _____
<b>ATTENTION: VASCULAR ACCESS NURSE</b>

Add Addressograph/Label

**PRE-PLACEMENT ASSESSMENT FOR VASCULAR ACCESS**

**History:**

Arm usually used for bloodwork/IV:	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	
Current pacemaker in-situ:	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> No	
Cold fingers in either hand:	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	<input type="checkbox"/> No
Decreased sensation in either hand:	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	<input type="checkbox"/> No
Dominant arm:	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> No preference	
Preferred arm for access by patient:	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Either	
Previous accesses:	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	<small>(refer to PROMIS Access Summary &amp; Note below)</small>
Previous history of central lines:	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	<input type="checkbox"/> No
Previous surgery/trauma to either arm:	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	<input type="checkbox"/> No

**Physical Examination:**

Blood pressure (sitting): Right: \_\_\_\_\_  
Left: \_\_\_\_\_

Brachial artery pulse:

Right:	<input type="checkbox"/> Strong	<input type="checkbox"/> Weak	<input type="checkbox"/> Absent
Left:	<input type="checkbox"/> Strong	<input type="checkbox"/> Weak	<input type="checkbox"/> Absent

Radial artery pulse:

Right:	<input type="checkbox"/> Strong	<input type="checkbox"/> Weak	<input type="checkbox"/> Absent
Left:	<input type="checkbox"/> Strong	<input type="checkbox"/> Weak	<input type="checkbox"/> Absent

Capillary refill fingers (Allen Test):

Right:	<input type="checkbox"/> Normal	<input type="checkbox"/> Delayed
Left:	<input type="checkbox"/> Normal	<input type="checkbox"/> Delayed

Suitability of cephalic vein at wrist (AVF only):

Right:	<input type="checkbox"/> Adequate	<input type="checkbox"/> Small	<input type="checkbox"/> Absent
Left:	<input type="checkbox"/> Adequate	<input type="checkbox"/> Small	<input type="checkbox"/> Absent

Suitability of cephalic vein at elbow (AVF only):

Right:	<input type="checkbox"/> Adequate	<input type="checkbox"/> Small	<input type="checkbox"/> Absent
Left:	<input type="checkbox"/> Adequate	<input type="checkbox"/> Small	<input type="checkbox"/> Absent

Superficial dilated veins on upper torso:

<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both sides	<input type="checkbox"/> None
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Scar from previous central line:

<input type="checkbox"/> Right Jug	<input type="checkbox"/> Left Jug	<input type="checkbox"/> Both Jug	<input type="checkbox"/> None
<input type="checkbox"/> Right Scl	<input type="checkbox"/> Left Scl	<input type="checkbox"/> Both Scl	<input type="checkbox"/> None

**Ultrasound Assessment:**

Measurements done by: \_\_\_\_\_

Vein Patency (y/n):

	<u>Right</u>	<u>Left</u>
Cephalic vein patent?	_____	_____
Basilic vein patent?	_____	_____
Apparent narrowing along dominant veins?	_____	_____

Venous measurements (mm)

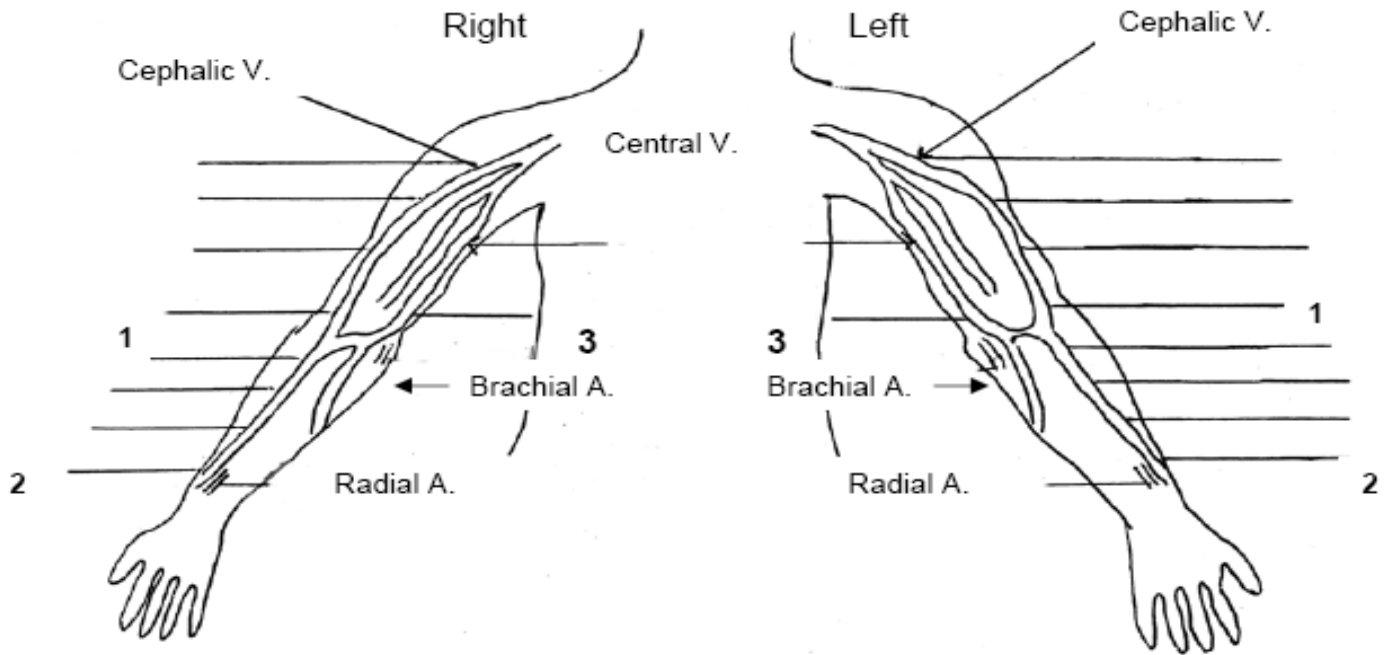
Cephalic vein at wrist – no tourniquet	_____	_____
Cephalic vein at wrist – with tourniquet	_____	_____
Cephalic vein at elbow – no tourniquet	_____	_____
Cephalic vein at elbow – with tourniquet	_____	_____
Depth of cephalic vein mid forearm	_____	_____
Basilic vein at elbow - no tourniquet	_____	_____
Basilic vein at elbow - with tourniquet	_____	_____
Depth of basilic vein mid upper arm	_____	_____

Arterial measurements (cm/sec or mm)

Radial artery at wrist – size	_____	_____
Radial artery at wrist – velocity	_____	_____
Brachial artery at elbow – size	_____	_____
Brachial artery at elbow - velocity	_____	_____

<b>Assessment and Plan</b>			<b>Notes:</b> (including relevant information about previous accesses; collateral vessels)
<b>Side:</b>	<u>Left</u>	<u>Right</u>	
	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Location:</b>	<u>Fistula</u>	<u>Graft</u>	
Upper Arm	<input type="checkbox"/>	<input type="checkbox"/>	
Lower Arm	<input type="checkbox"/>	<input type="checkbox"/>	
Thigh	<input type="checkbox"/>	<input type="checkbox"/>	
Probable configuration:			
_____			
_____			

## Vascular Access Mapping



**COMMENTS:**

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