

# Patient

## "Ready, Set, Go" The Steps to Catheter Freedom Weeks 2-3: New Graft Daily Check

Access  
Placed



Week 1



Weeks 2-3



Week 4

Catheter  
Freedom

## Check your graft every day.

If you do not know how, ask your Dialysis Care Team to teach you how to monitor your graft.

### Look



### Listen



### Feel



**Did you notice anything different when you checked your graft today?**

**No change.**

**Yes, a change.**

Great! Keep checking each day. At your next treatment, tell your Dialysis Care Team that there was no change.

Call the contact given to you by your Dialysis Care Team. Share what you found. They will tell you what to do next.

Continued..

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### Look

The graft **looks like a bulge** under the skin. It may be straight or curved.

The hand **looks the same** as it did before surgery.

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



You **cannot see the bulge** under the skin.

The arm is **bruised and/or the hand is not the normal color**.

There is **redness, swelling** or **drainage**.

### Listen

When you place the graft next to your ear **you hear a sound**. It may sound like a "whoosh," or for some, like a drum beat.



When you place the graft next to your ear you hear **no sound**, Or the **sounds is fainter** or **different** than the last time you checked it.

### Feel

You **can feel the graft**.



You **cannot feel the graft**.

**Continued..**

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### Feel



**Thrill:** A vibration or buzz that can be felt best where the graft is joined to the artery.

The thrill will grow fainter along the length of the graft.

**Pulse** is a slight beating that feels like a heartbeat. When you place your fingers lightly on the graft, they move slightly.

You **cannot feel the thrill** or it is **weaker than it was** the last time you checked it.

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

**Ask a member of your Dialysis Care Team to complete the form below.  
Did any of the results of your daily graft check fall under the “STOP” column?  
If so, call the contact listed below and share your results to find out what to do next.**

Contact: \_\_\_\_\_  
During regular facility hours: \_\_\_\_\_  
After hours: \_\_\_\_\_



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