

Patient

"Ready, Set, Go" The Steps to Catheter Freedom Weeks 4-5: New Fistula Daily Check

Access
Placed



Weeks 1-2



Week 3



Weeks 4-5



Week 6

Catheter
Freedom

Week 10

Check your fistula every day.

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

Look



Listen



Feel



Did you notice anything different when you checked your fistula 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 hand **looks the same** as it did before surgery.

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



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

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

Listen

When you place your fistula next to your ear, **you hear the sound of the blood going through it**.

As the fistula grows larger, the sound becomes louder.



You hear no sound or decreased sound.

Feel

You **feel the fistula under the skin**. At first, the fistula seems small but it should grow over time.



You cannot feel the fistula. The hand of the affected arm feels numb or cold to the touch.

Continued..

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Feel



Thrill: A vibration or buzz that can be felt best over the scar. This is where the artery and vein are joined together.

The thrill **becomes stronger** over time, as the fistula grows.

You feel the thrill along the rest of the fistula, but it doesn't feel as strong as it does over the scar.

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

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

The beat is stronger than a normal pulse. Fingers placed lightly on the fistula 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 fistula 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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