

AVG Assessment and Intervention Algorithm

The following tool will assist facilities to improve the consistency of AVG assessment and intervention as well as communication efforts with surgeons, nephrologists and interventionalists.

Facility _____
 Patient Name _____
 Surgeon _____
 Date Begun _____

Patient has arteriovenous graft (AVG) present

Has patient had reduced blood flow rate, increased venous pressures, or post dialysis bleeding for at least 3 treatments over last month?

Yes

No

Request fistulogram from nephrologist or surgeon
Date of fistulogram _____

Continue regular monitoring of blood flow rate, venous pressure, and post dialysis bleeding
Frequency of monitoring _____

Was fistulogram successful for endovascular intervention?

Develop plan of care for patient to have access converted to AVF once access begins to fail
Date of care plan _____

Yes

No

Continue regular monitoring of blood flow rate, venous pressure, and post dialysis bleeding
Frequency of monitoring _____

Schedule surgical revision using fistulogram to aid opportunity to convert to AVF
Date of surgery _____

Develop plan of care for patient to have access converted to AVF once access begins to fail
Date of care plan _____

Has patient redeveloped symptoms of reduced blood flow rate, increased venous pressure, or prolonged bleeding (at least 3 times in one month) within four months of fistulogram?

Yes

No

Schedule surgical revision using fistulogram to aid opportunity to convert to AVF
Date of surgery _____

Continue regular monitoring of blood flow rate, venous pressure, and post dialysis bleeding
Frequency of monitoring _____

ALGORITHM KEY	
	PATIENT ASSESSMENT
	ACCESS MONITORING
	CARE PLAN DEVELOPMENT
	FOLLOW UP WITH SURGEON



Prepared by the Renal Network of the Upper Midwest, Inc. Please call 1-800-973-3773 for questions or reprint requests.