

## Access Manager Sleeves Up Checklist

	DATE	DATE	DATE	DATE	DATE	DATE
<b>Patient Name:</b> _____ <b>Staff Member Assigned:</b> _____ <b>AV Graft Placement Date:</b> _____						
<b>1. Monthly Sleeves Up Exam</b> Suitable outflow vein identified? If yes, proceed with next step.  (Note: Suitable outflow vein not developed = Continue to monitor monthly for interventions per protocol)	Yes <input type="checkbox"/>  No <input type="checkbox"/>	Yes <input type="checkbox"/>  No <input type="checkbox"/>	Yes <input type="checkbox"/>  No <input type="checkbox"/>	Yes <input type="checkbox"/>  No <input type="checkbox"/>	Yes <input type="checkbox"/>  No <input type="checkbox"/>	Yes <input type="checkbox"/>  No <input type="checkbox"/>
<b>2. Notify nephrologist. Obtain orders for either:</b> <input type="checkbox"/> Fistulogram <input type="checkbox"/> Doppler Flow Study  Results: _____	Date Done:	Date Done:	Date Done:	Date Done:	Date Done:	Date Done:
<b>3. If the test study is normal, cannulate the outflow vein with the venous needle for two consecutive treatments.</b>  (Note: If unable to successfully cannulate, continue to monitor monthly)	Date 1  Date 2	Date 1  Date 2	Date 1  Date 2	Date 1  Date 2	Date 1  Date 2	Date 1  Date 2
<b>4. If cannulation successful, discuss plan with multidisciplinary team and patient.</b> Plan A. <input type="checkbox"/> Immediate conversion      Plan B. <input type="checkbox"/> Wait until access dysfunction evident Criteria for conversion: <input type="checkbox"/> Impending graft thrombosis <input type="checkbox"/> Graft thrombosis <input type="checkbox"/> Other						
<b>5. Surgery for secondary AVF access has been scheduled:</b>  Hospital / Access Center: _____ Surgeon / Interventionalist: _____	Date:	Date:	Date:	Date:	Date:	Date: