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 Began _____

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 → **Request fistulogram from nephrologist or surgeon**

Date of fistulogram

_____

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Was fistulogram successful for endovascular intervention?

Yes → **Continue regular monitoring of blood flow rate, venous pressure, and post dialysis bleeding**

Frequency of monitoring

_____

No → **Schedule surgical revision using fistulogram to aid opportunity to convert to AVF**

Date of surgery

_____

No → **Continue regular monitoring of blood flow rate, venous pressure, and post dialysis bleeding**

Frequency of monitoring

_____

↓

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

Date of care plan

_____

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 → **Schedule surgical revision using fistulogram to aid opportunity to convert to AVF**

Date of surgery

_____

No → **Continue regular monitoring of blood flow rate, venous pressure, and post dialysis bleeding**

Frequency of monitoring

_____

ALGORITHM KEY

(yellow)	PATIENT ASSESSMENT
(orange)	ACCESS MONITORING
(green)	CARE PLAN DEVELOPMENT
(red)	FOLLOW UP WITH SURGEON

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

Revision 2.2012