



York Central Hospital

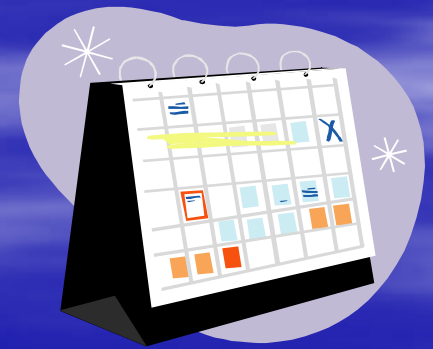
Vascular Camp 2007

Our Hemodialysis Program

- Regional Dialysis Program
- 40 stations at YCH
 - 25 stations main unit
 - 15 stations in CCC unit
- 18 stations at Oak Ridges Satellite Unit
- Southlake/SLED CVICU
 - Support cardiovascular surgery

A Year at a Glance

- 2006 was an eventful year
 - Single site to two site program
 - Main unit moved
 - PD/CKD moved
 - Scheduling changes (7days/wk)
 - Leadership/Staffing changes
 - Multiple new RNs
 - Recognize Vascular Access as KEY...



Vision

The Vision of Vascular Access Camp and the Hemodialysis Nurses of YCH is to provide Professional Nursing Excellence and Compassionate Care to the Hemodialysis Patients.



MISSION

The Mission of the Vascular Access Camp and the Hemodialysis Nurses of YCH is to provide Professional Nursing Excellence and Compassionate Care by enhancing vascular access skills and education to maintain patient quality health.

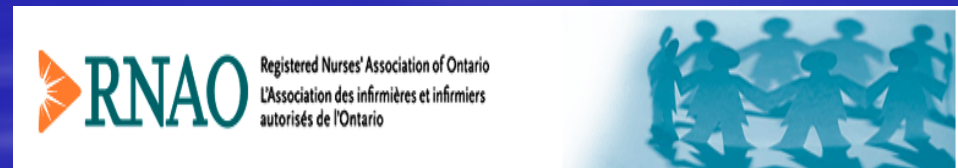
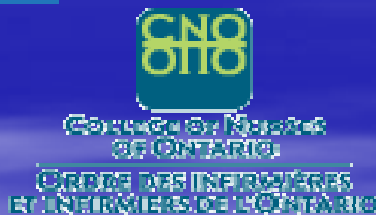
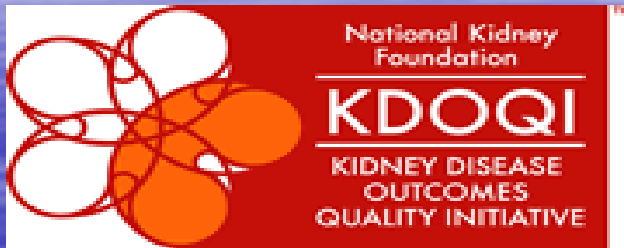


The Guiding Principles...

- To promote continuous professional development
- Utilize Best Practice Guidelines related to vascular access
- Patient Education
- Promote Fistula First Initiative



Resources



The Vascular Team



Creating the Vascular Team

- Team Members
 - Vascular Access CPL—Kathy Lynch
 - Interim Educator—Heather Steiner
 - Program Manager—Barb Gray
 - CPL & RN Team
 - Professional Practice Leader—Linda Ballantine
 - Clinical Director—Dr B. Nathoo

Implementation Strategy

- Weekly meetings to develop the plan
- Vascular Access BPG binders
- Selection of nurse leaders to area of expertise
- Review of BPG in relation to vascular access
- Date, location and time was determined
- Scheduling
- Poster boards
- Pre and Post test
- Evaluation Tool



Vascular Camp

- Held over 2 days
 - 4 hour sessions/day
 - Secretarial support
 - Lunch provided
 - Nurses were paid
 - Pre test, post test and evaluation form
 - 9 different stations
 - Sign-up sheet



Please Attend

Sign Up Sheet

VASCULAR CAMP

Our first HANDS ON skills training workshop

designed to allow staff the opportunity for SKILLS DEVELOPMENT and to support the application of BEST PRACTICES.

HIGHLIGHTS include:

New AVF creation	CVC, Arm Infections
Assessment	Transonics, Site Rite, URR
Difficult Cannulations	Angiograms, Venous Mapping
Using Angiocaths	Cath flo, Sodium Citrate
Buttonhole Cannulations	Cannulation of Grafts
CVC dressings	Best Practice Guidelines

- **CAMP IS 2½ - 3 HOURS IN LENGTH**
- **PLEASE SIGN YOUR NAME TO ONE SESSION**
- **LUNCH IS PROVIDED (1100-1130 AND 1300-1330)**



- **YOU WILL BE PAID FOR ATTENDING**



9 Vascular Camp Stations

1. AVF assessment
2. Angiocath
3. New AVF
4. Buttonhole
5. Infection
6. CVC
7. Grafts
8. Hemodialysis Adequacy
9. BPG's & Patient Education

VASCULAR CAMP

CLEAN / TAPE / BANDAGE



NEEDLE REMOVAL

Removing Needles

- Just as important as needle insertion
- Tape should be carefully removed to prevent displacement of needles
- Remove needles at the same angle as insertion
- DO Not apply pressure with needle insitu
- Two holes are created from each needle, one through the skin and another through the blood vessel wall
- It is important to remember that both holes must be compressed when needles are removed in order to ensure that bleeding stops from both sites or bleeding and bruising formation can occur. 2 fingers (index and middle) should be used to hold each site (ideal)
- What is the ideal pressure to be used...



Constant Site Technique

Figure 1: Following routine skin disinfection, assess the established access site using the MedSystems Butterfly® AV Access Needle as shown in Fig. 1.

Figure 2: Advance the Butterfly® AV Access Needle into the site using lowest track as indicated in Fig. 2.

Figure 3: When a flashback of blood is seen, lower the insertion angle of the Butterfly® AV Access Needle and advance it into the fistula as shown in Fig. 3. Tape the Butterfly® AV Access Needle per facility protocol.

Clinical Considerations

- Assess direction and depth of button by palpation
- buttonhole sites. Palpable port directly beneath buttonhole will show as a white scar tissue encircling the center of the buttonhole
- Refer to patient chart under comments for further clinical considerations when cannulating
- Insert needle in a slow gentle motion, needle tip should find tract
- If a "blind" track is entered the buttonhole needle should be removed completely (little to no blood) and reinsert it using a different angle/depth
- Patient education is important, they should know their access and offer important information with cannulation

• Hematomas and infiltrations may occur during the first two weeks of cannulations. Remember to decrease Heparin hourly and bolus by half of the patient's usual and heparin stop time to 1 hour*****

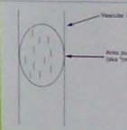


Cannulation of New Arteriovenous Fistula

CHECKLIST

BUTTONHOLE

- Advantages- Minimal pain (not to be used for patients with severe anxiety), reduces aneurysm formation, decreased hemolysis
- Disadvantages- Difficult to establish tract, may have many different types



Buttonhole

Initial Cannulation

- Nephrologist order
- Consult with CPL Vascular
- Assessment of AVF
- Select cannulation site
- ALWAYS USE A TAP
- Consider straight access
- Needle orientation
- Cannulation
- Select site away from
- Needle tips should be
- Patient Education
- Cannulation

- Have patient wash hands
- Gather supplies
- Wash hands
- Glove
- Eye protection
- Assess by look listen
- Use antiseptic skin prep
- Gluconate *note if a patient has a skin reaction for 2min (drying time) (drying time) Starting with a circular motion using
- Assess location and
- If scab is very large
- attention
- Using a separate

Debrief

- Feedback
- Reflect on Event
- Pre and Post Tests
- Evaluation Form



Conclusion

- CANNT poster abstract accepted
- Tri-hospital speaker
- Recognition by hospital leadership
- Certificate by Professional Practice
- Great Unit benefits
- Patient Education Theme for March VAS.
- Decreased vascular interventions



*to the nurses of the York region Dialysis
Program*

*in recognition for your excellent contribution
to a quality practice environment supporting
Clinical Excellence and Compassionate Care
through the quality improvement project
“Vascular Access Camp 2007”*

THANK YOU



- Enjoy our DVD
- Please visit our display
- Questions

