MONTHLY VASCULAR ACCESS MONITORING & SURVEILLANCE
REFERRAL / INTERVENTION TRACKING LOG

Dialysis Facility: _____ Month/Year (MM/YY): _____

					Monitoring/Surveillance Indicators						*Diagnostic Study*		*Treatment*		*Post treatment evaluation*						
Patient Name (Last name, 1st initial)	DATE (MM/DD)	ACCESS		REASON FOR REFERRAL	BP @ time of monitoring	VP @ 200 Qb (Dynamic)	STATIC PRESSURE RATIOS		ACCESS FLOW	RECIRCU-LATION % (if known)	FISTULOGRAM or DOPPLER STUDY		INTERVENTION		Dynamic VP @ 200 Qb	STATIC PRESSURE RATIO		ACCESS FLOW	RECIRC.% (if known)	DATE (MM/DD)	COMMENTS
		Type	Location				VP	AP			(Y or N)	(+ or -)	(Y or N)	(R or S)		VP	AP				

NOTES:

1. This tracking log is for patients with ABNORMAL monitoring indicators who are to be referred for fistulography or consultation and/or treatment as indicated. Notify nephrologist of plan to refer patient. Make referral appointment. Fax "Intervention Referral" form to appropriate specialist or department.
2. "Y or N" refers to Yes or No. "R or S" refers to Radiology or Surgery
3. Post-intervention surveillance test should be checked following treatment to be sure it has returned to normal

SPECIAL NOTE: For referrals for LOW INTRA-ACCESS FLOWS:

1. Grafts are to be referred when intra-access flow is below 600 ml/min.
2. Fistulae are to be referred when the access flow is less than the prescribed delivered flow (Rx Qb).