



You Know the Accesses in Your Facility Are in Trouble if.

- Your patient's access bleeds so long that it's been nicknamed "Old Faithful";
- The thrill is gone (the BB King Syndrome);
- The arterial alarm goes off so often that the patient thinks something is wrong when it's quiet (*ANNA Core Curriculum* recommends pre-pump arterial pressures less than -260);
- There are so many needles in the access during a single treatment that it looks like an archery tournament has taken place;
- The *static* venous pressures are trending upward;
- The blood flow rate is slower than a herd of turtles taking Valium (BFR ordered for 450, actual 200);
- The URR and Kt/V are falling faster than the stock market;
- The dynamic venous pressure is higher than the blood flow rate you can get from the access (Measure dynamic venous pressure at BFR of 250 ml/min. during the first 2-5 minutes of dialysis. Each unit should establish venous pressure threshold limits. Patients who exceed three threshold values on 3 consecutive treatments should have a venogram referral);
- You have the interventional radiologist on speed dial, and;
- You see more of your surgeon than his wife does!

What should you do?

- Refer for access evaluation before it completely fails!
- If the access has already failed, re-evaluate for fistula placement!