

Non-functioning AVF/Graft

Key Points

- Recognising a failing or non-functioning AVF/Graft
- How to refer to the Renal Vascular Access Team for rescue of access
- Consider Alternative access if AVF is non-functional after attempt at rescue.
- Monitor AVF/AVG

Version: 2

Date Issued: 01/07/2024

Review Date: 20/06/2027

Key words: Arterio-Venous Fistula (AVF), Arterio-Venous Graft (AVG), thrill, bruit, thrombosis, non-functioning dialysis access, high (negative) arterial pressure

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Abbreviations

AVF	Arterio-Venous Fistula
AVG	Arterio-Venous Graft
CNS	Clinical Nurse Specialist

Introduction

The aim of this guideline is to provide a guide to all haemodialysis staff on the management of non-functioning access. Once failed or failing access is recognized prompt action is required to rescue arteriovenous fistula or graft with minimum use of lines. Rescue methods will be determined by the Vascular Surgical team and Interventional Radiologists at Frimley Park Hospital, as appropriate to the given situation. For fistula thrombosis an attempt at rescue should where possible occur within 48 hours.

Recognition

A failing or non-functioning AVF/graft can be recognized through the following characteristics:

Absent or reduced thrill or bruit

Aspiration of clots on needling

High (negative) arterial pressure

Collapsing fistula

Request urgent Ultrasound Doppler

1. After initial recognition of non-functioning or failing access contact the Renal Consultant and the Renal Vascular Access CNS
2. Renal Consultant and Renal Vascular Access CNS to assess and liaise with the Renal Unit and Interventional Radiologist at Frimley Park Hospital
3. Nursing staff to follow guidance from Renal Consultant and Frimley Park Hospital
4. Contact Renal consultant or Vascular Access team for an alternative access for haemodialysis if AVF/AVG in non-functional after rescue.

Full version control record

Version:	2
Guidelines Lead(s):	Ana Fleet- Renal Vascular Access CNS
Contributor(s):	Sijo Stephen- Senior Charge Nurse
Lead Director / Chief of Service:	Suzanne Jordan/Dr Gareth Roberts
Library check completed:	N/A
Ratified at:	Renal Clinical Governance 20/06/2024
Date Issued:	01/07/2024
Review Date:	20/06/2027
Pharmaceutical dosing advice and formulary compliance checked by:	N/A
Key words:	Arterio-Venous Fistula (AVF), Arterio-Venous Graft (AVG), thrill, bruit, thrombosis, non-functioning dialysis access, high (negative) arterial pressure

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Version History

Version	Date	Guideline Lead(s)	Status	Comment
1	Oct 2017	Sijo Stephens- Senior Charge Nurse	Final	
2	May 2024	Ana Fleet- Renal Vascular Access CNS Sijo Stephens- Senior Charge Nurse	Final	Guideline review

Related Documents

Document Type	Document Name
None	