

Prolonged haemostasis: nurse's role and importance of referral to a Vascular Access Centre

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Introduction

Haemostasis is a nurse procedure and should be considered an important aspect of care. The length of haemostasis is part of the nursing assessment. Prolonged haemostasis is often a stress factor in the dialysis room and there are many variables that can influence it. In scientific literature, 8 to 12 minutes are reported as normal haemostasis time. If this time is exceeded, an evaluation of anticoagulation prescription and/or a diagnosis of a possible stenosis on the vascular access (VA) are recommended¹.

Objectives

To analyse the nurse's role and the importance of the patients' referral to a Vascular Access Centre (VAC) for prolonged haemostasis.

Methods and Inclusion Criteria

This is a retrospective analytical observational study. All haemodialysis patients with arteriovenous fistula (AVF) or graft referred to the VAC during 2017 by prolonged haemostasis were enrolled.

N=20 patients

Results

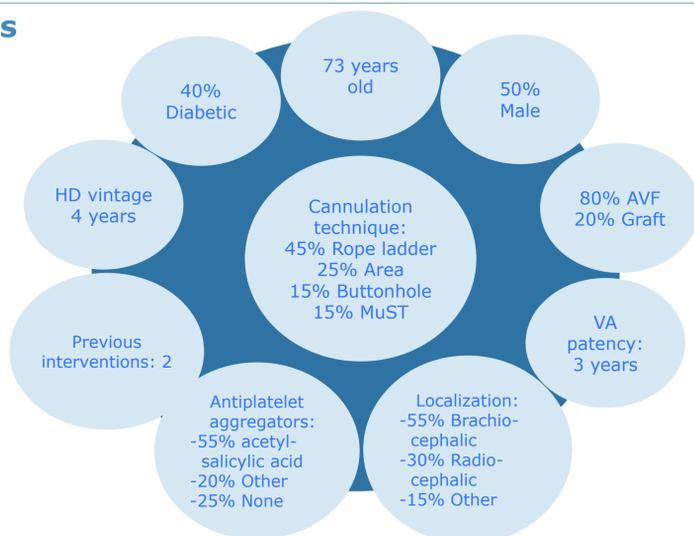


Figure 1 – Sample's characterization

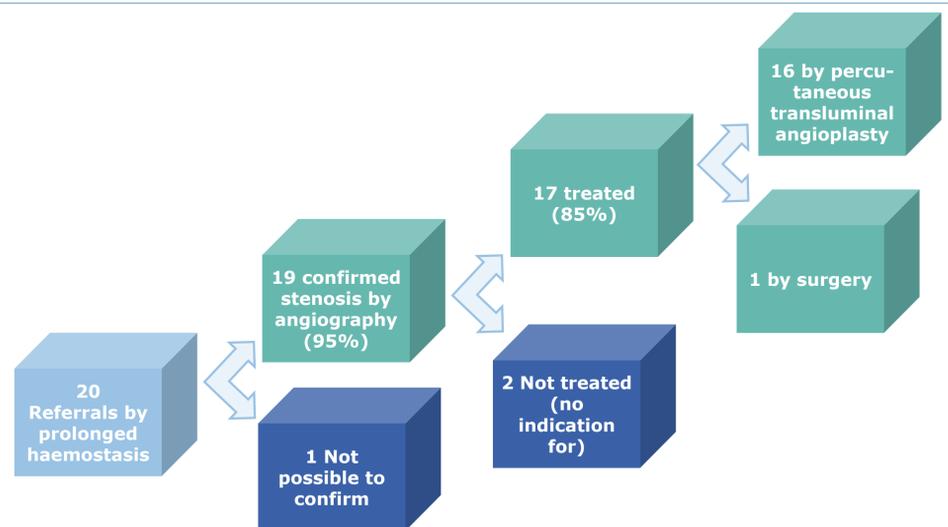
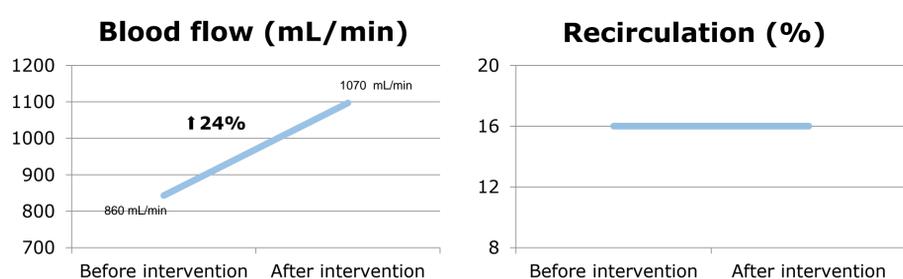
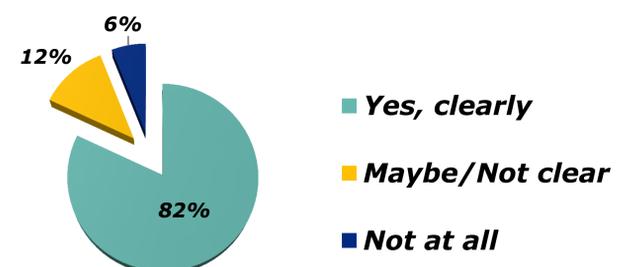


Figure 2 – Analysis of the 20 referrals by prolonged haemostasis



Graph 1 – Blood flow and recirculation evolution before and after intervention

Haemostasis time was reduced after intervention?



Graph 2 – Nurse's perception about haemostasis time, after intervention

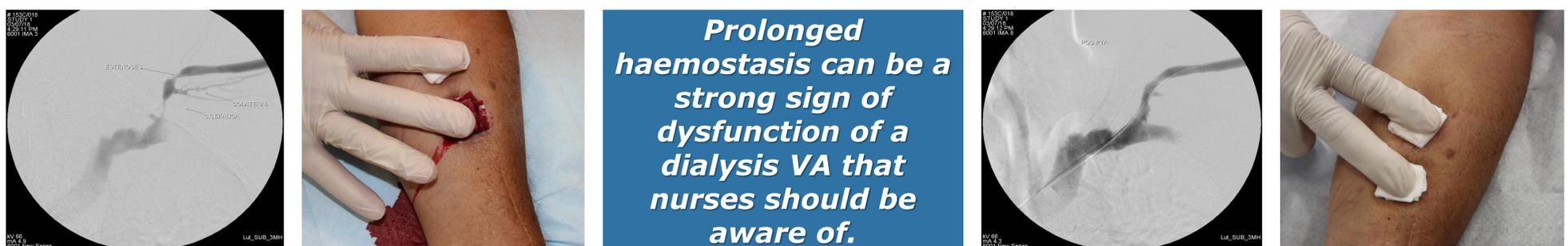


Figure 3 – Angiography and haemostasis illustrative picture before and after percutaneous transluminal angioplasty (PTA).

Conclusion

The patients' referral due to prolonged haemostasis to the VAC was extremely successful on the detection of stenosis and the chosen intervention was highly successful. Prolonged haemostasis can be a strong sign of dysfunction of the VA and should be referenced to a VAC, therefore the nurse's role with this issue is fundamental.

As our VAC acts as an external service provider for other dialysis centres, we may not have access to the anticoagulation dose information concerning the patients referred with prolonged haemostasis and this is a limitation of this study.

References

1. Parisotto, M. T., et al – A Nursing Best Practice Guide for the Arteriovenous Grafts . 2nd edition. Lucerne: European Dialysis and Transplant Nurse Association/European Renal Care Association (EDTNA/ERCA), 2017. ISBN:978-84-617-4687-3
2. Parisotto, M. T., et al – A Nursing Best Practice Guide for the Arteriovenous Fistula. 2nd edition. Lucerne: European Dialysis and Transplant Nurse Association/European Renal Care Association (EDTNA/ERCA), 2015. ISBN:978-84-617-0567-2