

Good nursing practice can improve arteriovenous fistula preservation

Dragana Cuskic¹, Gorana Radakovic², Maria Teresa Parisotto³, Nusret Mehmedovic³

Internacionalni Dijaliza Centar Bijeljina, Bosnia and Herzegovina¹, ZU Fresenius Medical Care Centar za dijalizu Šamac, Bosnia and Herzegovina²; Fresenius Medical Care, Care Value Management, Bad Homburg - Germany³

Introduction

In dialysis clinic Bijeljina a large percentage of patients have native arteriovenous fistula (AVF) as vascular access. Good nursing practice of the AVF cannulation and diligent care, nursing and patient education, close cooperation with the patient and maintenance of a normal blood pressure significantly influence the long-term AVF functionality and reduce complications during treatment. Thorough assessment of the vascular access and a nursing patient review before every treatment session contributes to a realistic assessment of the current condition and ensure optimal preservation of the vascular access.

Objectives

To prove that the use of a well-structured nursing practice and proper documentation of monitoring including data analysis can reduce the number of complications and prolong the lifetime of the AVF.

Methods

In 2017, we analysed the number of symptoms and events reported in a clinical database (*EuClid*) and evaluated them in training sessions on vascular access care for nurses and patients.

Results

Regular nursing education on vascular access is based on the "Vascular Access Cannulation and Care, Nursing Best Practice Guide for AVF" booklet. Information for patient education was taken also from the same booklet. Information on nursing assessment of vascular access, complications and VA care plan were documented in an electronical clinical database; monthly reports were used during regular evaluation of treatment outcomes. Based on the evaluations, the topics for re-education and assessment of nursing practice were defined; a vascular surgeon was consulted when needed thus continuously improving our nursing practices and treatment outcomes. As a result, the percentage of patients with native AVF in IDC Bijeljina was consistently above 90%.

Conclusion

Good nursing practice of AVF cannulation and care, reduction of hypotensive episodes, proper documentation, and data analysis resulted in better AVF survival decreasing the need for a Central Venous Catheter due to AVF failure.

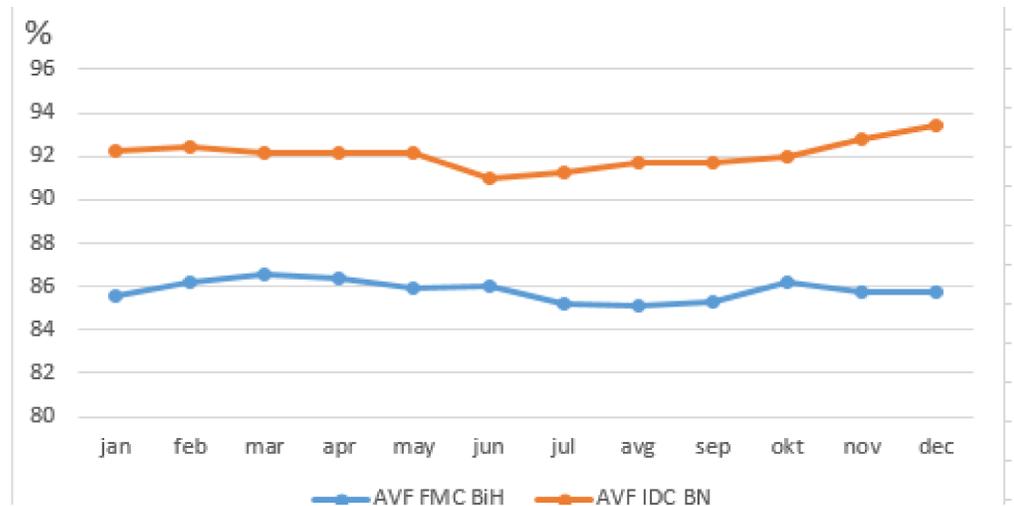


Figure 1: Percentage of AVF

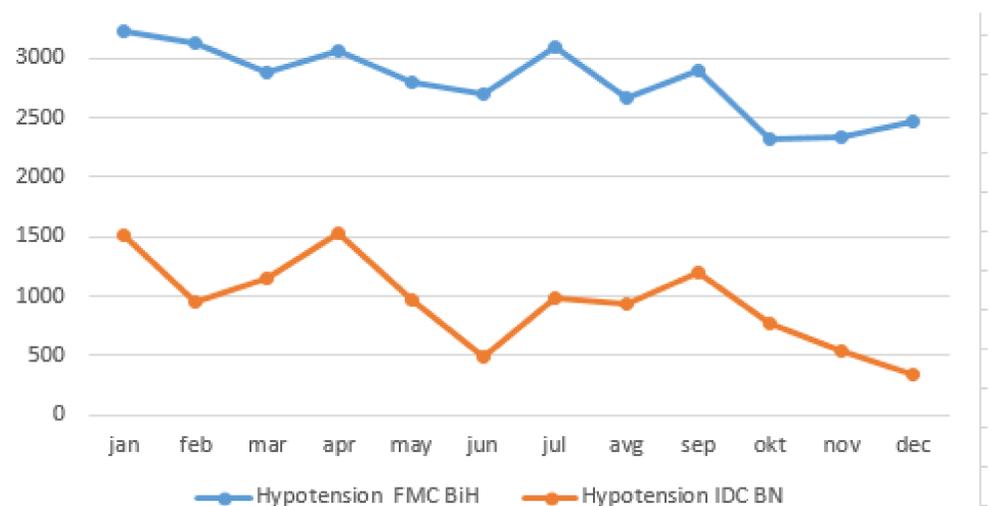


Figure 2: Hypotension Episodes/100000 tr

References

1. Parisotto, MT and Pancirova, J eds. **Vascular Access Cannulation and Care, A Nursing Best Practices Guide for Arteriovenous Fistula**