

Hemodialysis Fistula or Graft Tip Sheet

FOR LONG-TERM CARE FACILITIES

Do

- Assess for continued heavy bleeding from needle sites after returning from dialysis.
- Assess for blood flow frequently:
 - Feel for a vibration, also called a pulse or thrill.
 - With a stethoscope, listen for a “swishing” sound, or bruit.
- Remove adhesive bandages or dressings from needle sites after bleeding stops.
- Post warnings and place armbands to instruct others to not take blood pressures, blood draws or start IVs from the arm with the fistula or graft.
- Routinely communicate with the outpatient dialysis center about the resident’s condition, fistula or graft status, interventions, responses, and education given with level of understanding.

Don’t

- Apply a blood pressure cuff on the arm with the fistula or graft.
- Allow positioning such that the head or body rests on the arm with the fistula or graft.
- Draw blood from the arm with the fistula or graft.
- Start an IV in the arm with a fistula or graft.
- Allow tight clothing or tight jewelry on the arm with the fistula or graft.

Assessment	Emergency Action Required
No bruit, thrill, or pulse	Call dialysis unit
Numbness, tingling, decreased sensation, pallor	Call dialysis unit
Heavy or steady bleeding from needle sites	Stop bleeding by applying pressure with a sterile gauze pad. If the bleeding does not stop in 30 minutes, call the dialysis unit.
Rapid, increased swelling, pain (hematoma formation) at the needle sites	Call dialysis unit. Elevate arm and apply cold pack, or do so as advised by the dialysis unit.

Assessment	Action
Scratching	Keep fingernails short and clean, protect area by covering with clothing
Sleeping position allows body or head to rest on the affected arm	Try to position and protect arm using pillows or positioning aids
Very low blood pressure	Frequent assessment of bruit, thrill, and pulse
Increased redness, warmth, drainage, pain, or swelling	Report immediately to dialysis unit
Fever	Report immediately to dialysis unit