

HEMODIALYSIS AND PERITONEAL DIALYSIS CARE

Chief complaint: _____ Allergies: _____

Type of Dialysis Access:

- Central venous catheter (CVC) Arteriovenous fistula (AV Fistula)
 Arteriovenous graft (AV Graft) Peritoneal dialysis catheter (PD Catheter)

CONTACT HEALTH CARE PROVIDER IF: *Health care provider must be called if not on site or if after clinic hours.* If physical exam is negative for any signs and symptoms and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Central venous catheter (CVC)	Arteriovenous Fistula (AV Fistula)	Arteriovenous graft (AV Graft)	Peritoneal dialysis catheter (PD Catheter)
<input type="checkbox"/> Signs of infection, such as swelling, redness, warmth and drainage <input type="checkbox"/> Feels short of breath <input type="checkbox"/> Temp 99 degrees or higher <input type="checkbox"/> Bleeding from catheter	<input type="checkbox"/> Signs of infection, such as swelling, redness, warmth and drainage, as well as bleeding, peeling of the skin over the access or bulging areas. <input type="checkbox"/> No sound of blood flowing through AV fistula <input type="checkbox"/> No vibration (thrill)	<input type="checkbox"/> Signs of infection, such as swelling, redness, warmth and drainage <input type="checkbox"/> No sound of blood flowing through AV fistula (bruit) <input type="checkbox"/> No vibration (thrill) <input type="checkbox"/> Changes in the appearance of the skin over or near the graft	<input type="checkbox"/> Signs of infection, such as swelling, redness, warmth and drainage <input type="checkbox"/> Belly pain <input type="checkbox"/> Nausea/vomiting

Interventions: (Check all that apply)

Central venous catheter (CVC)	Arteriovenous fistula (AV Fistula)	Arteriovenous graft (AV Graft)	Peritoneal dialysis catheter (PD Catheter)
<input type="checkbox"/> Privacy provided and procedure explained to inmate. <input type="checkbox"/> Hands washed with soap and water. Gloves applied. <input type="checkbox"/> Dressing clean, dry and intact. Type: _____ <input type="checkbox"/> Site inspected for redness, swelling and discharge. <input type="checkbox"/> Instructed inmate to not remove bandage that covers the access site. <input type="checkbox"/> Instructed inmate to never remove caps on the Y shape tube. <input type="checkbox"/> Gloves removed; hands rewashed. <input type="checkbox"/> Inmate tolerated procedure well. <input type="checkbox"/> Emergency dressing kit available.	<input type="checkbox"/> Privacy provided and procedure explained to inmate. <input type="checkbox"/> Hands washed with soap and water. Gloves applied. <input type="checkbox"/> Dressing clean, dry and intact. Type: _____ <input type="checkbox"/> Site inspected for redness, swelling and discharge. <input type="checkbox"/> Checked for blood flowing through fistula (bruit). <input type="checkbox"/> Felt for vibration (thrill). <input type="checkbox"/> Site cleansed with antimicrobial soap and water. <input type="checkbox"/> Gloves removed; hands rewashed. <input type="checkbox"/> Instructed inmate not to sleep on AV fistula, not to pick or scratch scabs. <input type="checkbox"/> Inmate tolerated procedure well. <input type="checkbox"/> Emergency dressing kit available. (If applicable) Note: If access site starts to bleed. <input type="checkbox"/> Hands washed with soap and water. Gloves applied. <input type="checkbox"/> Gentle, firm pressure applied for 10 minutes using a clean towel or gauze. <input type="checkbox"/> AV fistula access kept above the level of the heart while applying pressure until bleeding has stopped. <input type="checkbox"/> Gloves removed; hands rewashed. <input type="checkbox"/> Inmate tolerated procedure well.	<input type="checkbox"/> Privacy provided and procedure explained to inmate. <input type="checkbox"/> Hands washed with soap and water. Gloves applied. <input type="checkbox"/> Dressing clean, dry and intact. Type: _____ <input type="checkbox"/> Site inspected for redness, swelling and discharge. <input type="checkbox"/> Checked for blood flowing through graft (bruit) <input type="checkbox"/> Felt for vibration (thrill) <input type="checkbox"/> Site cleansed with antimicrobial soap and water. <input type="checkbox"/> Gloves removed; hands rewashed. <input type="checkbox"/> Instructed inmate not to sleep on AV graft, not to pick or scratch scabs. <input type="checkbox"/> Inmate tolerated procedure well. <input type="checkbox"/> Emergency dressing kit available. (If applicable) Note: If access site starts to bleed. <input type="checkbox"/> Hands washed with soap and water. Gloves applied. <input type="checkbox"/> Gentle, firm pressure applied for 10 minutes using a clean towel or gauze. <input type="checkbox"/> AV graft access kept above the level of the heart while applying pressure until bleeding has stopped. <input type="checkbox"/> Gloves removed; hands rewashed. <input type="checkbox"/> Inmate tolerated procedure well.	<input type="checkbox"/> Privacy provided and procedure explained to inmate. <input type="checkbox"/> Hands washed with soap and water. Gloves applied. <input type="checkbox"/> Dressing clean, dry and intact. Type: _____ <input type="checkbox"/> Site inspected for redness, swelling and discharge. <input type="checkbox"/> Dressing removed using aseptic technique. <input type="checkbox"/> Site cleansed with antimicrobial soap and rinse with sterile water or saline. <input type="checkbox"/> Catheter fastened to skin with _____ tape. <input type="checkbox"/> Sterile gauze applied. <input type="checkbox"/> Instructed inmate to not to pick at scabs or skin around access site. <input type="checkbox"/> Inmate tolerated procedure well.
<input type="checkbox"/> Education/Intervention: Instructed patient to follow-up sick call if experiencing any signs and symptoms that warrant treatment. Inmate verbalizes understanding of instructions.			

Progress Note: _____

Health Care Provider Signature/Credentials: _____ Date: _____ Time: _____

RN/LPN Signature/Credentials: _____ Date: _____ Time: _____

Inmate Name
(Last, First)

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