

Dialysis Access Duplex Fistula or Graft

Patient Name: _____
 MRN: _____
 DOB: _____

Date: _____

Tech: _____

Ordering Provider: _____

Indication: _____

Surg. Hx: _____

Can you feel "thrill" in fistula? **YES / NO** Comments: _____

Right / Left <small>(circle one)</small>	<u>Anatomic Location</u>	<u>Velocities</u>	<u>AP diameters</u>	<u>(V-wing planning) Vessel Depth</u>
ARTERIAL INFLOW:	_____	_____ cm/s	_____ cm	_____ cm
ARTERIOVENOUS ANAST:	_____	_____ cm/s	_____ cm	_____ cm
VEIN/GRAFT OUTFLOW:	_____	_____ cm/s	_____ cm	_____ cm
VEIN/GRAFT OUTFLOW:	_____	_____ cm/s	_____ cm	_____ cm
VEIN/GRAFT OUTFLOW:	_____	_____ cm/s	_____ cm	_____ cm
VEIN/GRAFT OUTFLOW:	_____	_____ cm/s	_____ cm	_____ cm
VEIN/GRAFT OUTFLOW:	_____	_____ cm/s	_____ cm	_____ cm
ARTERIAL FLOW <i>(distal of anast:)</i>	RETROGRADE / ANTEGRADE	_____ cm/s	_____	_____

STEAL SYMPTOMS:	_____ artery:	<u>Access Open</u>		<u>Access Closed</u>
	• Prox to Anastomosis:	_____ cm/s	...	_____ cm/s
	• Dist of Anastomosis:	_____ cm/s	...	_____ cm/s
	_____ artery:	_____ cm/s	...	_____ cm/s
	_____ artery:	_____ cm/s	...	_____ cm/s

COMMENTS: _____
