

Upper Extremity Vein Mapping

(page 1)

Pre-op Hemodialysis Planning

Patient Name: _____

Date: _____

MRN: _____

Tech: _____

DOB: _____

Ordering Provider: _____

Indication: _____

RIGHT

LEFT

CEPHALIC Vein

CEPHALIC Vein

AP DIAMETER (cm)

AP DIAMETER (cm)

SHOULDER	
PROX UPPER ARM	
MID UPPER ARM	
DIST UPPER ARM	
ANTE CUBITAL	
PROX FOREARM	
MID FOREARM	
DIST FOREARM	
PRX WRIST	

	SHOULDER
	PROX UPPER ARM
	MID UPPER ARM
	DIST UPPER ARM
	ANTE CUBITAL
	PROX FOREARM
	MID FOREARM
	DIST FOREARM
	PRX WRIST

BASILIC Vein

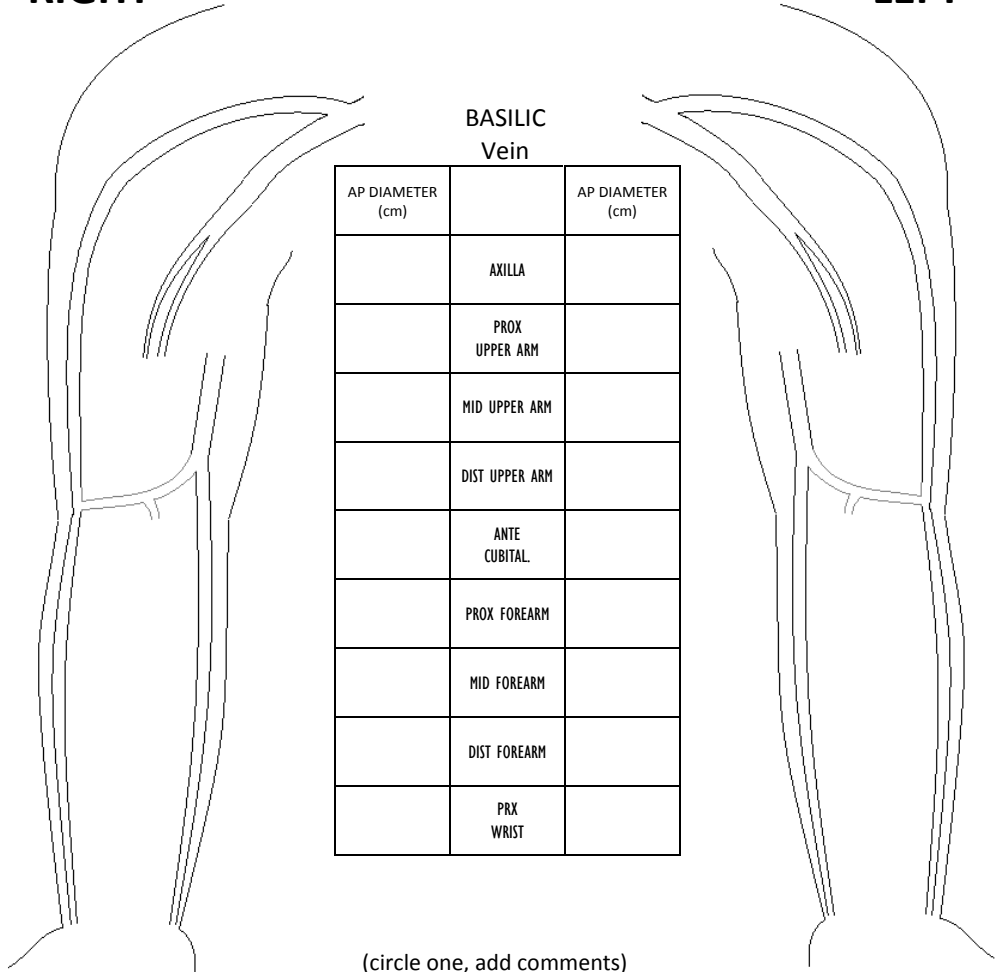
AP DIAMETER (cm)		AP DIAMETER (cm)
	AXILLA	
	PROX UPPER ARM	
	MID UPPER ARM	
	DIST UPPER ARM	
	ANTE CUBITAL	
	PROX FOREARM	
	MID FOREARM	
	DIST FOREARM	
	PRX WRIST	

Median Cubital V

AC Fossa	
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Median Cubital V

	AC Fossa
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(circle one, add comments)

Right: Evidence of DVT? NO / Post-Thrombotic Δ / Other
 Evidence of SVT? NO / Post-Thrombotic Δ / Other
 Basilic V confluence: _____ upper arm

Left: Evidence of DVT? NO / Post-Thrombotic Δ / Other
 Evidence of SVT? NO / Post-Thrombotic Δ / Other
 Basilic V confluence: _____ upper arm

Comments: _____

Upper Extremity Arterial Duplex
(Limited protocol for Hemodialysis Mapping)

(page 2)

Patient Name: _____
 MRN: _____
 DOB: _____

Date: _____
 Tech: _____
 Ordering Provider: _____

Indication/Diagnosis: _____

RIGHT UPPER EXTREMITY

AP dia. (cm)	Doppler(cm/s)	Waveform Quality	Location
Brachial A: _____	_____	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<u>Antecubital Fossa</u>
Radial A: _____	_____	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<u>At/near wrist</u>
Ulnar A: _____	_____	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<u>At/near wrist</u>

NOTES: *Brachial A bifurcation/Radial A origin is documented at:* _____

Atherosclerotic changes seen

LEFT UPPER EXTREMITY

AP dia. (cm)	Doppler(cm/s)	Waveform Quality	Location
Brachial A: _____	_____	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<u>Antecubital Fossa</u>
Radial A: _____	_____	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<u>At/near wrist</u>
Ulnar A: _____	_____	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<u>At/near wrist</u>

NOTES: *Brachial A bifurcation/Radial A origin is documented at:* _____

Atherosclerotic changes seen

