CENTRIC HEALTH

## VASCULAR ACCESS DIAGRAM - FAX to Dialysis Facility and/or Nephrologist

Patient Name: ______________________ Procedure Date: ____________

Diagram Completed by: ☐Surgeon ☐Interventional Radiologist ☐Interventional Nephrologist

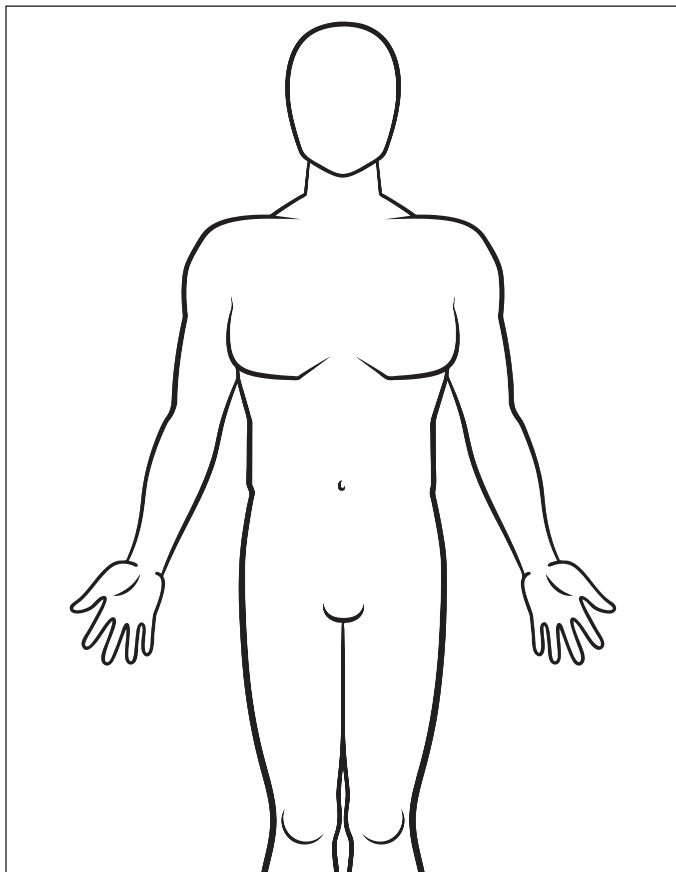
Name (Surgeon or Interventionist): ______________________ Phone: ____________

**Fax to**: *Nephrologist Name:* ______________________ *Fax:* ____________

*Facility Name:* ______________________ *Fax:* ____________

| **Procedure(s):** (Check All That Apply) | **Access Type** | **Configuration** | **Location** |
|---|---|---|---|
| **SURGERY**<br>☐ New Access<br>☐ Thrombectomy<br>☐ Revision<br>☐ Other - specify: ____________<br><br>**INTERVENTIONAL** (Endovascular)<br>☐ Thrombolysis / Thrombectomy<br>☐ PTA<br>☐ Stent<br>☐ Catheter insertion or revision<br>☐ Diagnostic Fistulogram only<br>☐ Other - specify: ____________ | ☐ A/V Graft<br>☐ A/V Fistula<br>☐ Port device<br>☐ Central Venous Catheter<br><br>If new catheter priming volume:<br>________ ml<br>☐ Cuffed<br>☐ Non-cuffed<br><br>**GRAFT MATERIAL** (if applicable)<br>☐ PTFE<br>☐ Other - specify<br>____________ | **Graft** (if applicable)<br>☐ Loop<br>☐ Straight<br>☐ Curved<br><br>**Fistula Construction**<br>(if applicable)<br>☐ Radio-cephaic<br>☐ Brachio-cephaic<br>☐ Transposed<br>☐ Type<br>____________<br>☐ Other - specify:<br>____________ | ☐ Right<br>☐ Left<br><br>☐ Forearm Upper arm<br>☐ Leg/Thigh<br>☐ Other - specify<br>____________<br>☐ Subclavian<br>☐ Internal Jugular<br>☐ Femoral<br>☐ Other - specify<br>____________ |

**NOTE: Please show Configuration of access, Vessels Involved, and Direction of Access Flow**



**NOTES:**

Were diagnostics evaluations performed prior to procedure? If yes, describe:

Brief Description of procedure (if preferred access not placed, explain reason):

Procedure findings (if relevant):

Was procedure successful?

Recommendations/Comments:

Additional care information/instructions:

Special Cannulation instructions:

Patient follow-up Notes:

Patient to schedule appointment with
☐ Surgeon ☐ Nephrologist
in ____________
Patient Appointment has been scheduled ____________ with
____________