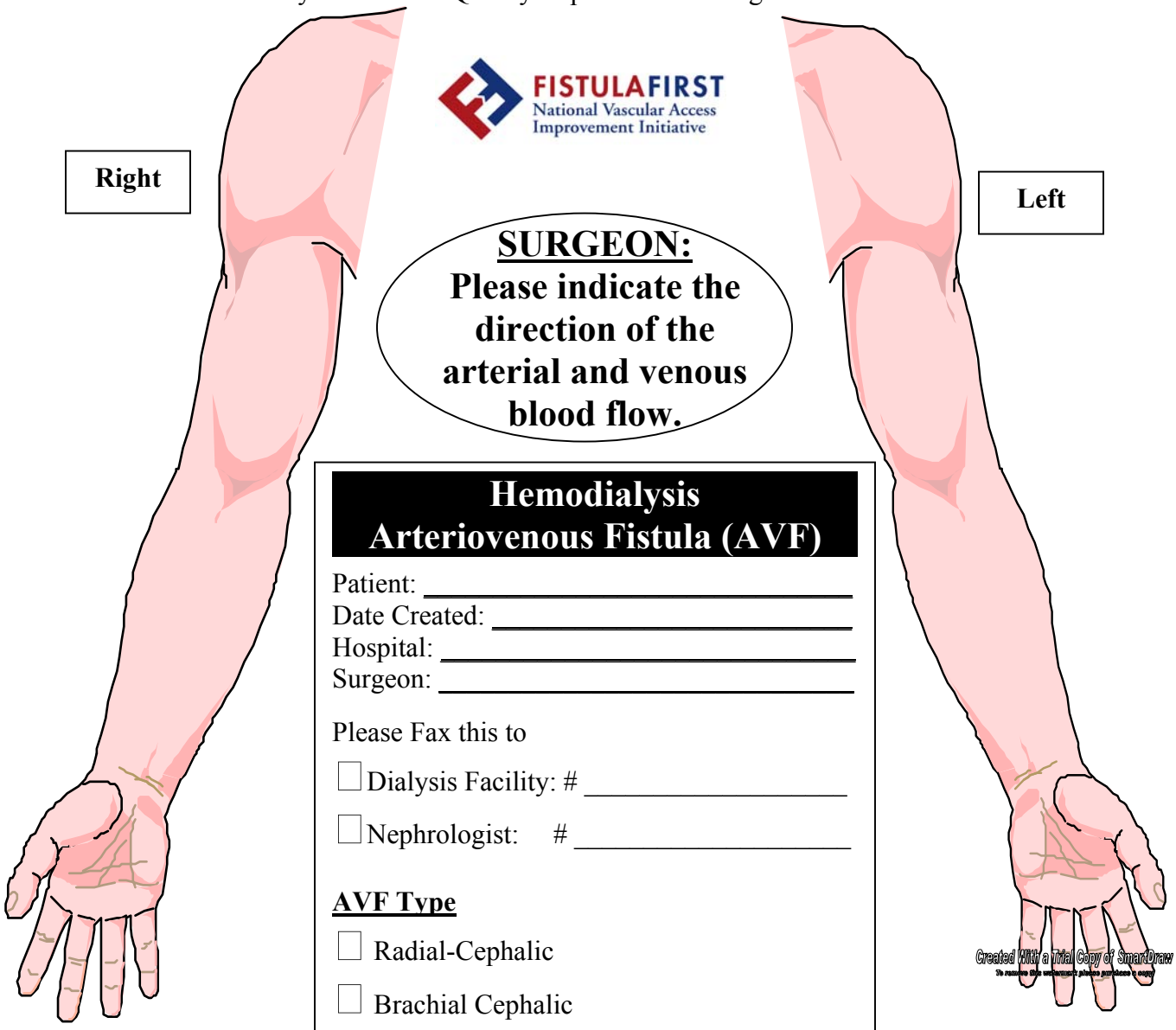
Heartland Kidney Network Quality Improvement: Surgeons Resources

FISTULAFIRST
National Vascular Access Improvement Initiative

Right

Left



SURGEON:
Please indicate the direction of the arterial and venous blood flow.

Hemodialysis Arteriovenous Fistula (AVF)

Patient: _____
Date Created: _____
Hospital: _____
Surgeon: _____

Please Fax this to

☐ Dialysis Facility: # _____

☐ Nephrologist: # _____

AVF Type

☐ Radial-Cephalic

☐ Brachial Cephalic

☐ Proximal Radial Artery

☐ Transposition: _____

Surgeons Instructions/ Comments

_____

_____

_____

The patient should return to see the surgeon for post-op appointments in 7-14 days, 3-4 weeks, and 2-3 months - or as specially indicated.

Visit our website! www.HeartlandKidney.org

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