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P172 -Haemodialysis Access Referral Form: A Systematic Approach in Referring Patients with Access Problem

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INTRODUCTION:

Preservation of adequate vascular access is of vital importance for patient undergoing chronic dialysis in renal failure.

Physical examination and investigation have complimentary role in monitoring vascular access and it is necessary that adequate stress is given on monitoring on a continuous basis.

The successful use of AVF/AVG requires a coordinated, educated multidisciplinary team to ensure an optimal access for each patient.

The Renal Access Team at Heartlands Hospital introduced a referral form that can be use by the staff across the 5 HD units when referring patients with access problem.

It includes the type of access being used, the reasons for referral, needling technique used, and any other essential information that the Renal Access Team needs to know.

METHOD:

Referrals through emails with attached Haemodialysis Access Referral form received by the Renal Access Team between May 2017 and April 2018 were retrospectively collected and identified.

Referrals through emails without using the form were also collected during the study period. Both ways of referrals were compared and calculated.

RESULTS:

A total of 62 referrals through e-mails were recorded.

There were 37 (59.7%) referrals received using the haemodialysis access referral form.

25 (40.3%) referrals received through e-mails without using the form. Follow up questions were made because of lack of information from these referrals.

DISCUSSION:

Referring patient in a timely manner will reduce the incidence of access failure and will minimise the use of central venous catheters.

Having a systematic approach help the Renal Access Team to prioritise the patient's access needs.

Majority of the HD staff find the form useful and the communication improved between the HD units and the Renal Access Team.

TAKE HOME MESSAGE:

Using the Haemodialysis renal access referral form is a systematic way of referring patients with access problem. It improves the communication between the HD nurses and the Renal Access team. Identifying the access problem and referring in a timely manner can maximize access longevity and minimize morbidity.