

Nephrology Program

Criteria to Prioritize Interventions – COVID-19

Vascular Access (V. 2020/03/19)

To minimize non-essential appointments within the Network, the following criteria have been established to facilitate patients' pathway through interventional radiology and/or surgery.

Arteriovenous fistula/graft (AVF/AVG) angioplasty that MUST be done:

- No other access, and AVF/AVG that is showing the following signs of thrombosis:
 - o Difficult to access the fistula or graft;
 - o Suboptimal blood flow;
 - o High venous pressures, which are unusual for patient;
 - o KT/V of 1.2 and under.
 - o Hyperkalemia, which is unusual for patient.

- An AVF/AVG that has already been used, but the hemodialysis (HD) catheter is still in place, and that is showing signs of thrombosis (as indicated above). The goal is to prevent thrombosis from occurring in an AVF that is maturing and/or an AVG that is already functional.

Non-urgent AVF/AVG angioplasty or fistulography:

- Newly created AVF that is posing maturation challenges.
- An AVF/AVG not currently being used.

In these situations, the HD catheter will be used until the nephrologist/internist indicates otherwise.

Change of HD catheter:

- A non-patent HD catheter that is preventing HD treatment.
- A Dacron cuff that is completely visible:
 - o A Dacron cuff that is slightly visible must be assessed at every treatment.
- Blood flow under 250mL/min:
 - o Assess clinical values (i.e. KT/V, electrolytes) and patient's clinical condition.
- A patient who must start hemodialysis but who has no vascular access.

In these situations, the decision around intervention must be made by the nephrologist/internist based on the patient's clinical signs.

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