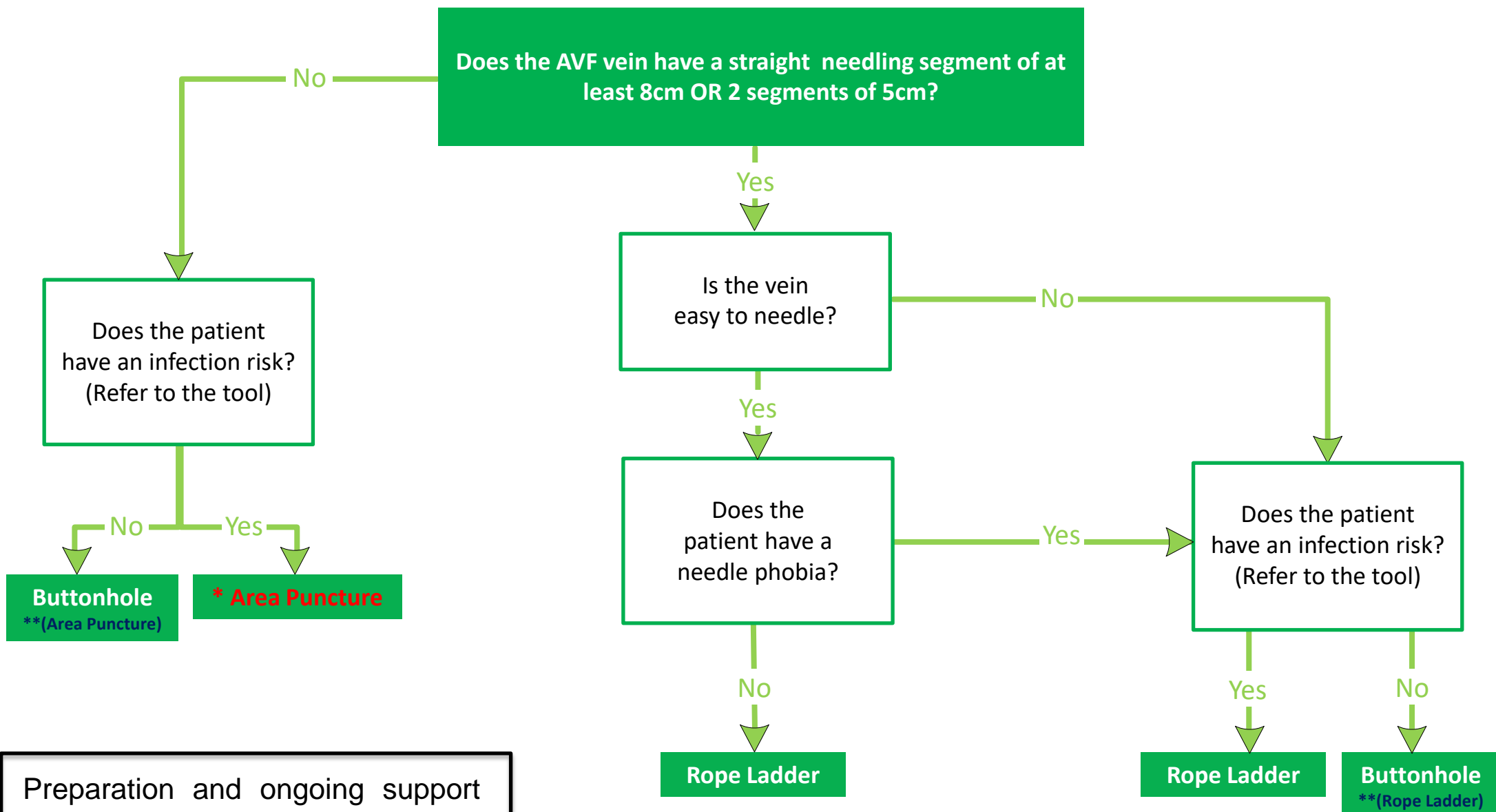


NEEDLING DECISION MAKING MODEL

This tool has been developed to help haemodialysis nurses and patients decide which needling technique is best for each individual arteriovenous fistula (AVF). However, this assessment will be unique and individual to each patient, so you will still need to apply clinical judgement. You may diverge from the decision making aid, so consider how your clinical expertise can justify this divergence. In particular, patient's who self needle their AVF may prefer to use buttonhole needling technique, although this will still be related to personal consideration.

Arteriovenous grafts (AVG) are not included in this model. AVG always have a long, straight needling segment, so should automatically undergo rope ladder needling.



Preparation and ongoing support for AVF needling is recommended in all age groups. Coping techniques such as relaxation, distraction and play therapy should be considered.

* BRS and VASBI do **not** recommend area puncture. If this assessment results in area puncture, please refer to the 'Area Puncture Action Chart.'

** If your unit does not use buttonhole, then you will need defer to the technique in brackets in the relevant box.

Infection Risk Screening Tool			
Criteria present:	(Please tick)	Yes	No
Metallic Heart Valve			
Pacemaker			
Previous MSSA/MRSA bacteraemia			
Previous endocarditis			
Significant structural valvular heart disease			
MSSA / MRSA positive			
Mupirocin resistant MSSA			
Skin disorders causing itching or skin breakdown around cannulation sites			
Poor adherence to hygiene protocols			
Clinical Judgement/Other Considerations:			
On the basis of the above, this patient is / is not (delete as applicable) suitable for using buttonhole needling technique.			