

Frequent Hemodialysis Network PERMANENT ACCESS FAILURE OR ACCESS REMOVAL FORM #277

Instructions: This form is completed whenever an access that is currently being used for HD is removed or otherwise can no longer be used (defined as "permanent failure.") Do not use this form if the access is still being used. Access repair procedures are recorded on form 276. New access placement is recorded on Form 278. If you only wish to indicate that a new access is being used for hemodialysis, fill out Form 271.

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1. Participant ID #

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2. Alpha Code

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3. Date of Access failure: dd/mon/yyyy

4. Type of access that permanently failed:.....

- 1=Arteriovenous fistula
- 2=Arteriovenous graft
- 3=Tunneled catheter
- 4=Non-tunneled catheter

5. Date access (identified in Q4) was placed? (dd/mon/yyyy). __/__/____/____

(If this is the initial baseline access and placement date is unknown, use the date of the first known use)

6. Primary Reason for permanent failure.....

For Fistulas and Grafts (designated in item 4 above), use these codes:

- 01=Irreparable stenosis or thrombosis (clot)
- 02=Ligated for Aneurysm
- 03=Ligated for Steal syndrome
- 04=Ligated for Ischemic neuropathy
- 05=Ligated for Congestive heart failure
- 06=Infection
- 07=Severe swelling/hematoma formation
- 08=Other irreparable condition/problem (i.e., laceration)

For Catheters (designated in item 4 above), use these codes:

- 20=Removed because of infection
- 21=Removed because of mechanical failure or poor flows or thrombosis
- 22=Removed electively because another access such as a fistula or graft is now being used

If the reason for permanent failure is not on the above code list, email fhn-dcc@bio.ri.ccf.org

7. Was the access removed? (0=No, 1=Yes)

For DCC Use Only:

199. a. Event reason:.....

b. Date updated:.....

200. Date this form completed (dd/mon/yyyy)

201. Username of person reviewing completeness of this form.....

For Clinical Center Use Only:

202. Username of person entering this form:

203. Date Entered: (dd/mon/yyyy)