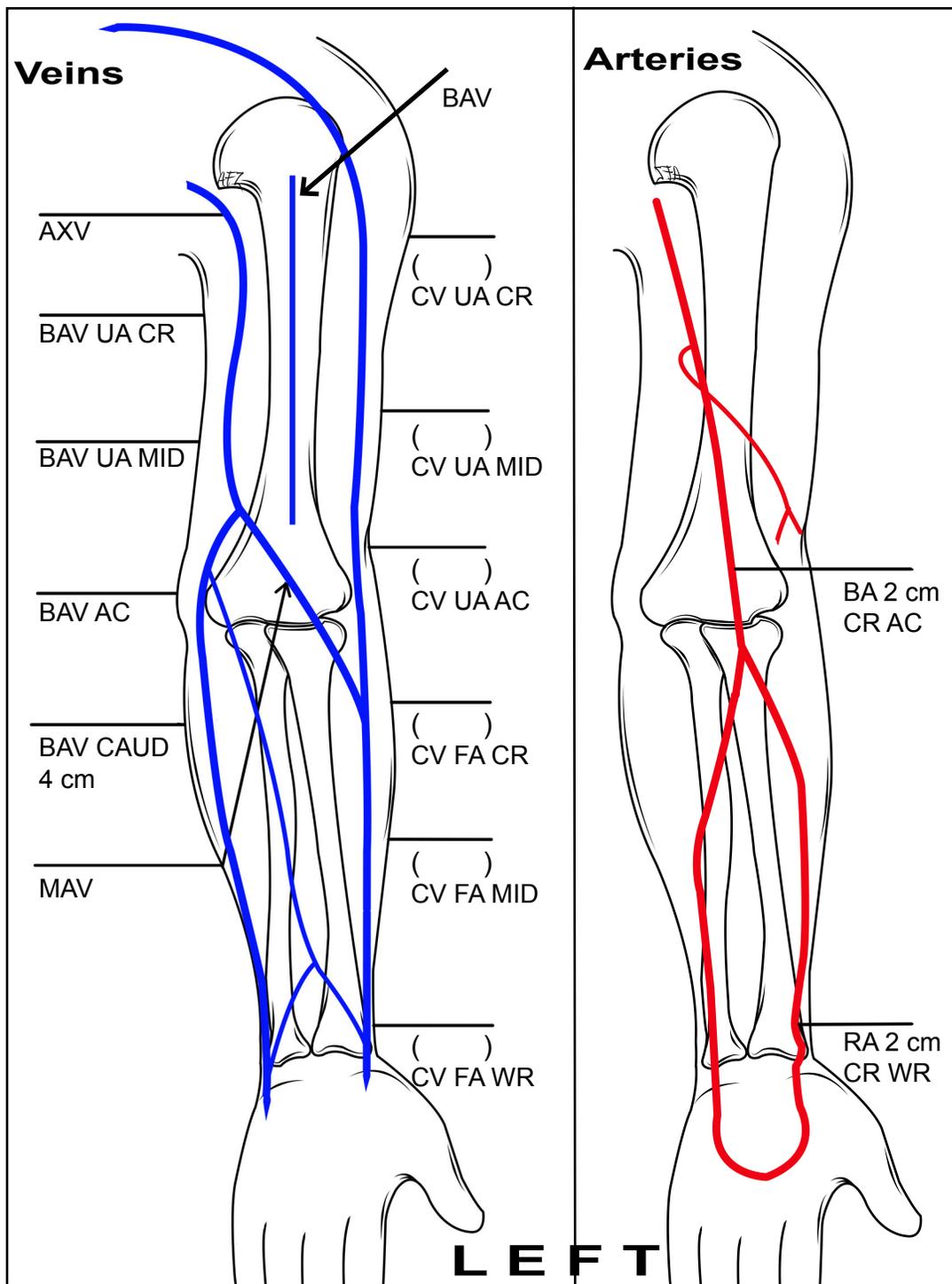


Pre-Operative Dialysis Mapping Worksheet

Subject #: _____

Alpha #: _____

Date: _____



Artery	Brachial	Radial
Diameter (cm)		
Spectral waveform (PSV cm/sec)		
Stenosis (yes/no)*		
Calcification Score (Pick One)		
Absent	<input type="checkbox"/>	<input type="checkbox"/>
Mild/Mod	<input type="checkbox"/>	<input type="checkbox"/>
Severe	<input type="checkbox"/>	<input type="checkbox"/>

Brachial Artery Blood Flow cc/min (2 cm cranial to antecubital fossa)	
1.	
2.	
3.	

Respiratory Phasicity		
	SCV	IJ
Right		
Left		

N= Normal, A= Abnormal, C= Clot

US Scanner			
IU22	<input type="checkbox"/>	HDI 5000	<input type="checkbox"/>
Logic 9	<input type="checkbox"/>	_____	<input type="checkbox"/>

HFMC Center:	
Boston Univ.	<input type="checkbox"/>
Boston VA	<input type="checkbox"/>
Univ. of Cincinnati	<input type="checkbox"/>
Univ. of Florida	<input type="checkbox"/>
Univ. of Texas Southwestern	<input type="checkbox"/>
Univ. of Utah	<input type="checkbox"/>
Univ. of Washington	<input type="checkbox"/>

- » Mark diameter next to location (cm)
- » Parentheses are for distance from skin to anterior wall of vein (cm)
- » Assess smallest diameter of vein, draw in if not at prescribed measurement site

Comments: _____

Sonographer: _____

Please fax form to US Core: _____

Michelle L. Robbin, MD
HFMC US Core Director
 Version 11-18-09

*If arterial stenosis, also measure PSV at stenosis and 2 cm cranial (upstream)