

## **Cannulation for the *Novice* Cannulator Self-Learning Package**

FINAL May 6, 2008

Please review the PowerPoint presentation “Cannulation for the *Novice* Cannulator” and then answer the questions below. Once you have completed the questions, please check your responses using the answer key. Submit completed answer sheets to your VA Nurse or Renal Educator for their review with you.

In addition to completing the PowerPoint presentation and the quiz, you need to complete the following to be designated as a *Novice Cannulator*:

- Demonstrate cannulation of an established AVF or AVG on a VA practice arm.
- Under the observation of an advanced cannulator, successfully cannulate 3 established AVFs (with at least one having a buttonhole track) and 3 AVGs designated as “easy.”

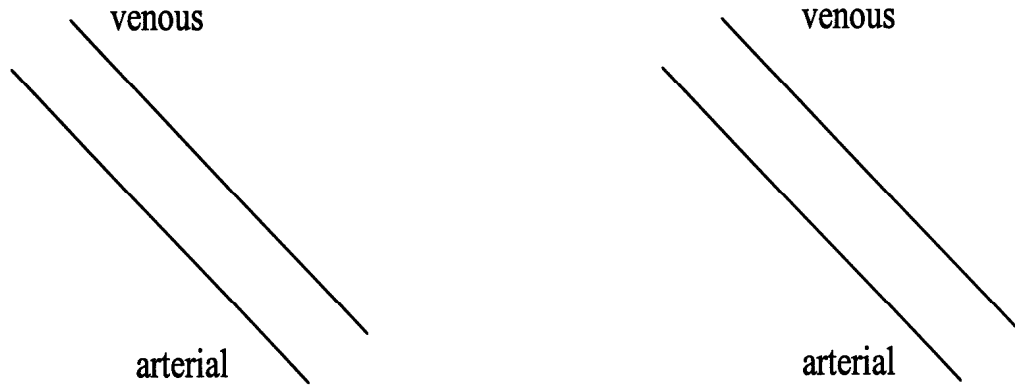
*Novice Cannulators* may cannulate established AVFs and AVGs categorized as “easy” (no complications). If AVF has a buttonhole, track is well established. Uses steel needles.

### **Questions**

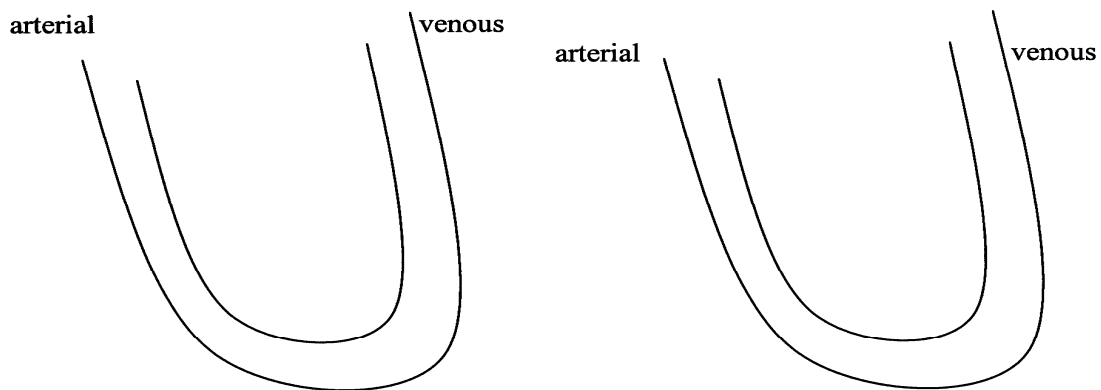
1. As professional nurses what standards guide our decision making regarding management of hemodialysis vascular accesses?
2. List the three categories of cannulators.
3. What does a new hemodialysis nurse need to accomplish before being classified as a Novice Cannulator?
4. What does the novice cannulator need to accomplish to move to the Skilled Cannulator level?
5. Can a novice cannulator cannulate a new HD access?
6. What are the key principles to successful cannulation?

7. List things you should be checking when you are assessing the access for needle placement.
8. How do you determine which needle should be arterial (access) and which should be venous (return)?
9. Explain the difference between a native fistula and an artificial graft.
10. What is steal syndrome and what is a possible outcome?
11. Needles should be place into a fistula at \_\_\_\_ degree angle to the skin.
12. Needles should be placed into a graft at \_\_\_\_ degree angle to the skin.
13. What is an aneurysm? Can an aneurysm be cannulated?
14. When should the MD or VA Coordinator be consulted regarding a specific access?
15. List & describe two recommended cannulation techniques and when each should be used.
16. What are the pros and cons of each cannulation technique?
17. Is the use of local anesthetics recommended?
18. If local anesthetic is needed what is the recommended type?
19. How far apart should the needle tips be?

20. Draw 2 variations of correct needle placement for a fistula.



21. Draw 2 variations of correct needle placement for a graft.



22. If a fistula needle infiltrates what steps should be taken?

23. What is the recommended disinfectant for use on vascular accesses?

24. Compared to AV grafts, an AV fistula is associated with which of the following?

- a. Better long-term survival
- b. Less intervention to maintain patency
- c. Lower infection rates
- d. Less healthcare expenditure
- e. All of the above

25. Describe two important points in removing a fistula needle at the end of the dialysis treatment and why.
26. How many times should you try cannulating before asking for assistance?
27. Patients with an AV fistula should be taught:
- a. To compress a bleeding access
  - b. To wash the skin over an access with soap and water daily
  - c. To avoid carrying heavy items over the access arm
  - d. To palpate for a thrill/pulse daily
  - e. All of the above