



Cannulation for the Advanced Cannulator

Vascular Access Educator Group of BC

Match Cannulators and Accesses

Skill Level of Cannulator	Access Rating Approved to Cannulate
Novice	<ul style="list-style-type: none"> • Easy accesses: <ul style="list-style-type: none"> • <u>Established</u> accesses with no complications • AVFs in which buttonhole tracks are well established*
Skilled	<ul style="list-style-type: none"> • Moderately complicated accesses: <ul style="list-style-type: none"> • <u>New</u> accesses with no complications • <u>Established</u> accesses with one complication • AVFs in which buttonhole tracks are well established*
Advanced	<ul style="list-style-type: none"> • Complicated accesses: <ul style="list-style-type: none"> • <u>All</u> accesses (new & established; with or without complications) • <u>Established</u> and <u>new</u> AVFs in which buttonhole tracks are already established or are being established* <p>*Refer to PPT on BH cannulation at www.bcrenalagency.ca</p>

Advanced Cannulators May...

- Cannulate all new accesses
- Cannulate complicated accesses
 - Accesses with more than one cannulation complication (e.g. difficult to palpate, deep, signs of edema, bruising or local infection)
- Establish initial buttonhole tracks
- Observe cannulation skills of others & offer feedback

Cannulating New and Complicated Accesses



Cartoon licensed for use from Jazz Communications Ltd., publishers of The Lighter Side of Dialysis..
To order a copy or more information please visit www.lightersideofdialysis.com or call 1-866-239-3279.

Procedure for Cannulating New and Complicated Accesses

- Procedure is the same as for other accesses but cannulation can be “trickier”
- Consult MD or VA coordinator if:
 - Difficult to cannulate
 - Unable to achieve a BPS of >300 mL/min by week 3 or <350 mL/min in established HD in 2 consecutive runs
 - Low arterial or high venous pressure on 3 consecutive runs
 - Unexplained, prolonged bleeding ($>10 - 15$ min) from cannulation site on 3 consecutive runs
 - Signs of access complications

Tips for Success with New and Complicated Accesses

- Wrap patient limb in warm blanket prior to cannulating (to achieve vasodilation)
- For AVFs, if access is hard to feel, apply a tourniquet (for vasodilation)
- If access is hard to feel, use a stethoscope or doppler to listen for bruit & to ensure you are above the vessel. Needle where the sound is loudest
- Use a wet needle. Attach syringe with 5cc NS to the needle and flush saline through to the end of the needle prior to inserting (to prevent clotting)
- If cannulation problems occur, go back to small needle size. Increase needle size slowly

Observing Cannulation Skills of Others and Offering Feedback



Tips for Offering Feedback

Message's meaning is conveyed:

- 55% by facial expression & other non-verbal cues (e.g. posture & body position)
- 38% by how the message is said (e.g. tone of voice & interest level)
- 7% by actual words!

Source: Bishop and Taylor (1991)

Tips for Offering Feedback cont'd

- 1. Use encouragement and positive reinforcement**
 - Begin by inviting your colleague's self-assessment
 - Start with positive observations and then move to what could be done differently
 - Don't over-emphasize errors – focus on what to do to correct them
- 2. Consider the timing of feedback**
 - Impact is greater if delivered immediately (if the timing is appropriate given other factors)
 - To avoid overload, speak to one issue at a time
- 3. Be specific & focus on a behaviour, not the person**
 - Specific feedback that focuses on a behaviour that can be changed is the most helpful

Tips for Offering Feedback cont'd

4. Own the feedback

- Begin the feedback with “I” or “In my opinion.” This makes the feedback less judgmental

5. If necessary, redirect & focus the conversation

- Colleagues may react defensively to feedback in an attempt to justify or sidestep the issue
- To focus on the issue, redirect the conversation
e.g. if the recipient says “no one told me,” then say “now that you know, what would you do differently?”

6. Invite reaction to your feedback (2-way)

- Ask for & listen to your colleague’s reaction to your feedback
- Allow time to answer questions
- Offer support/assistance in future efforts