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| 1 | AWARENESS | <p>Staff, patients and carers should be aware of VND and the consequences.</p> <p><small>Ref; Hurst, RN, CLNC, Venous Needle Dislodgement – A Universal Concern. European Nephrology, Volume 5, issue 2, Winter 2011</small></p> |
| 2 |  | <p>An area around the vascular access large enough for taping should be cleaned and air dried before cannulation.</p> |
| 3 |  | <p>Haemodialysis units should have appropriate training and a consistent procedure for taping needles and blood lines.</p> |
| 4 |  | <p>Blood lines should be looped loosely to allow movement of the patient and to prevent blood lines pulling on the needles.</p> |
| 5 | REPOSITIONING | <p>If it is necessary to reposition a needle, lower the blood flow to 150ml/min and replace all taping.</p> |
| 6 |  | <p>Staff to patient ratio should be adequate to allow routine monitoring of vascular access during treatment, if not report it as a near miss.</p> |
| 7 | ASSESSMENT | <p>All patients should be assessed for level of risk of VND and, if appropriate, an alarm device intended for monitoring venous needle dislodgement used.</p> |
| 8 |  | <p>Vascular access and needles should be visible at all times during haemodialysis.</p> |
| 9 | ALARM ACTIVATION | <p>When the venous pressure alarm is activated, the vascular access and fixation of needles and blood lines should always be inspected prior to resetting the alarm limits.</p> |
| 10 |  | <p>The lower limit of the venous pressure alarm should be set as close as possible to the current venous pressure.</p> |
| 11 | DETECTION FAILURE | <p>Staff, patients and carers should be aware that the venous pressure monitoring system of the dialysis machine will often fail to detect VND.</p> |
| 12 |  | <p>Additional protection can be provided by devices intended to detect blood loss to the environment.</p> |