

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, properly disinfected, and air dried before cannulation.</p>
3		<p>Haemodialysis units should have appropriate training and a secure, clean, and consistent procedure for taping needles and bloodlines.</p>
4		<p>Bloodlines should be looped loosely to allow movement of the patient and to prevent bloodlines 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 bloodlines 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>