CDC Dialysis Collaborative	Facility Name:	Date:	Start time:_	AM / PM
Day: M W F Tu Th Sa Shift: 1st 2nd 3rd	4 th Observer:	Location within un	it:	

Audit Tool: Arteriovenous fistula/graft cannulation observations

(Use a " $\sqrt{"}$ if action performed correctly, a " Φ " if not performed. If not observed, leave blank)

Discipline	Site cleaned with soap and water	Hand hygiene performed (staff)	New, clean gloves worn	Skin antiseptic applied appropriately	Skin antiseptic allowed to dry	No contact with fistula/ graft site (after antisepsis)	Cannulation performed aseptically	Gloves removed	Hand hygiene performed	Comments

Discipline: P=physician, N=nurse, T=technician, S=student, O=other

Duration of observation period = _____minutes

Number of procedures performed correctly =

Total number of procedures observed during audit = _____

ADDITIONAL COMMENTS/OBSERVATIONS:



CDC Dialysis Collaborative

Day: M W F Tu Th Sa

borative	Facility Name:	Date:	Start time:	AM / PM
Shift: 1 st 2 nd	3 rd 4 th Observer:	Location within unit	it:	

Audit Tool: Arteriovenous fistula/graft decannulation observations

(Use a " $\sqrt{"}$ if action performed correctly, a " Φ " if not performed. If not observed, leave blank)

Discipline	Hand hygiene performed (staff)	Disconnect from blood line aseptically	Needles removed	Clean gloves worn (by patient/staff) to compress site	/bandage	If other activities performed between needle removals, hand hygiene is performed and new, clean gloves are worn	Staff gloves removed	Staff hand hygiene performed	Patient gloves removed and hand hygiene performed (if applicable)	Comments

Discipline: P=physician, N=nurse, T=technician, S=student, O=other

Duration of observation period = _____minutes

Number of procedures performed correctly =

Total number of procedures observed during audit = _____

ADDITIONAL COMMENTS/OBSERVATIONS:

