CDC Dialysis Collaborative   *Facility Name* _____ _____*Date:*_____ *Start time*_____ *AM / PM*
Dialysis Schedule: MWF TTS   Shift: 1ˢᵗ 2ⁿᵈ 3ʳᵈ 4ᵗʰ   Observer: _____*Location within unit:*_____

Audit Tool: Basic components of fistula / graft care observations

I. Fistula / Graft Cannulation Procedure:

(Use a "√" if action performed correctly, a "Φ" if not performed. If not observed leave blank)

Discipline	Site cleaned with soap and water or alcohol-based sanitizer	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

Number of procedures performed correctly =   _____   Duration of observation period: _____ minutes

Total number of procedures observed during audit = _____

ADDITIONAL COMMENTS / OBSERVATIONS:

CDC Dialysis Collaborative *Facility Name* _____ _____*Date:*_____ *Start time*_____ *AM / PM*
Dialysis Schedule: MWF TTS *Shift:* 1st 2nd 3rd 4th *Observer:* _____*Location within unit:*_____

Audit Tool: Basic components of fistula / graft care observations

II. Fistula / Graft Disconnect Procedure:

(Use a "√" if action performed correctly, a "Φ" if not performed. If not observed leave blank)

Discipline	Hand hygiene performed (staff)	New, clean gloves worn	Needles removed aseptically	Clean gauze / bandage applied to site	New, clean gloves worn (by patient or staff) to compress site	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

Number of procedures performed correctly = _____ Duration of observation period: _____ minutes

Total number of procedures observed during audit = _____

ADDITIONAL COMMENTS / OBSERVATIONS:

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