

New Access Placed _____
 Surgeon _____

(Circle to identify)

Left		Right	
Fistula			Graft
	Straight	Loop	
Radio Cephalic Brachio Cephalic Basilic	Forearm Upper Arm	Arm Thumb=(A,V) Leg Toe=(A,V)	

First Revision Date _____

Operator _____

Reason (See Codes) _____	
<i>Percutaneous Thrombolysis Angioplasty</i>	<i>Surgical Thrombolysis Revision</i> _____
Result _____	

Failure Codes:

A. Clotted	B. High Venous Pressure	C. Inadequate BFR
D. Limb Ischemia or Steal	E. Difficult Cannulation	F. Infection
G. Poor Kt/V	H. Degenerative Changes	I. Other

Second Revision Date _____

Operator _____

Reason (See Codes) _____	
<i>Percutaneous Thrombolysis Angioplasty</i>	<i>Surgical Thrombolysis Revision</i> _____
Result _____	

Third Revision Date _____

Operator _____

Reason (See Codes) _____	
<i>Percutaneous Thrombolysis Angioplasty</i>	<i>Surgical Thrombolysis Revision</i> _____
Result _____	

Fourth Revision Date _____

Operator _____

Reason (See Codes) _____	
<i>Percutaneous Thrombolysis Angioplasty</i>	<i>Surgical Thrombolysis Revision</i> _____
Result _____	

Failure Codes:

A. Clotted	B. High Venous Pressure	C. Inadequate BFR
D. Limb Ischemia or Steal	E. Difficult Cannulation	F. Infection
G. Poor Kt/V	H. Degenerative Changes	I. Other

New Access Placed _____
 Surgeon _____

(Circle to identify)

	Left	Right
Fistula	Graft	
	Straight	Loop
Radio Cephalic Brachio Cephalic Basilic	Forearm Upper Arm	Arm Thumb=(A,V) Leg Toe=(A,V)

First Revision Date _____

Operator _____

Reason (See Codes) _____	
<i>Percutaneous</i> Thrombolysis Angioplasty	<i>Surgical</i> Thrombolysis Revision _____
Result _____	

Failure Codes:

A. Clotted	B. High Venous Pressure	C. Inadequate BFR
D. Limb Ischemia or Steal	E. Difficult Cannulation	F. Infection
G. Poor Kt/V	H. Degenerative Changes	I. Other

Second Revision Date _____

Operator _____

Reason (See Codes) _____	
<i>Percutaneous Thrombolysis Angioplasty</i>	<i>Surgical Thrombolysis Revision</i> _____
Result _____	

Third Revision Date _____

Operator _____

Reason (See Codes) _____	
<i>Percutaneous Thrombolysis Angioplasty</i>	<i>Surgical Thrombolysis Revision</i> _____
Result _____	

Fourth Revision Date _____

Operator _____

Reason (See Codes) _____	
<i>Percutaneous Thrombolysis Angioplasty</i>	<i>Surgical Thrombolysis Revision</i> _____
Result _____	

Failure Codes:

A. Clotted	B. High Venous Pressure	C. Inadequate BFR
D. Limb Ischemia or Steal	E. Difficult Cannulation	F. Infection
G. Poor Kt/V	H. Degenerative Changes	I. Other

New Access Placed _____
 Surgeon _____

(Circle to identify)

	Left	Right
Fistula	Graft	
	Straight	Loop
Radio Cephalic Brachio Cephalic Basilic	Forearm Upper Arm	Arm Thumb=(A,V) Leg Toe=(A,V)

First Revision Date _____

Operator _____

Reason (See Codes) _____	
<i>Percutaneous</i> Thrombolysis Angioplasty	<i>Surgical</i> Thrombolysis Revision _____
Result _____	

Failure Codes:

A. Clotted	B. High Venous Pressure	C. Inadequate BFR
D. Limb Ischemia or Steal	E. Difficult Cannulation	F. Infection
G. Poor Kt/V	H. Degenerative Changes	I. Other

Second Revision Date _____

Operator _____

Reason (See Codes) _____	
<i>Percutaneous</i> Thrombolysis Angioplasty	<i>Surgical</i> Thrombolysis Revision _____
Result _____	

Third Revision Date _____

Operator _____

Reason (See Codes) _____	
<i>Percutaneous</i> Thrombolysis Angioplasty	<i>Surgical</i> Thrombolysis Revision _____
Result _____	

Fourth Revision Date _____

Operator _____

Reason (See Codes) _____	
<i>Percutaneous</i> Thrombolysis Angioplasty	<i>Surgical</i> Thrombolysis Revision _____
Result _____	

Failure Codes:

A. Clotted	B. High Venous Pressure	C. Inadequate BFR
D. Limb Ischemia or Steal	E. Difficult Cannulation	F. Infection
G. Poor Kt/V	H. Degenerative Changes	I. Other

Date and Document Occluded Central Veins



