

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 _____	

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# Date and Document Occluded Central Veins



