

Criteria for Determining Type of Self-Cannulation

For patients with arteriovenous fistulas (AVF), rope ladder (RL) cannulation technique is the preferred cannulation method for teaching patients self-cannulation. If all indicators are check marked, initiate patient self-cannulation training using RL cannulation technique.

Indications for Rope Ladder Cannulation	Check Items That Apply
AVF is relatively straight	
AVF is newly created and dynamic (developing and changing)	
Patient experiences hand tremors Poor technique may lead to the creation of multiple tracts if buttonhole (BH) cannulation is used	
Patient reports or demonstrates difficulty with vision Poor vision and improper placement of needle on the BH may lead to the creation of multiple tracts if BH cannulation is used	
Patient expresses fear related to self-cannulation, but is nonetheless prepared to attempt self-cannulation	

Total Number of Check Marks:

Indications for Buttonhole Cannulation	Check Items That Apply
AVF is short in length or short usable segments	
AVF has torturous anatomy	
AVF developed aneurysmal dilation	
AVF is mature and no longer dynamic	
AVF is difficult to cannulate The patient is unable to self-cannulate use the RL technique	
Patient displays needle phobia Patient expresses considerable fear related to self-cannulation	

Total Number of Check Marks:

Adapted from Nesrallah G, Mustafa RA, MacRae J, et al. Canadian Society of Nephrology guidelines for the management of patients with ESRD treated with intensive hemodialysis. Am J Kidney Disease. 2013;5:187-198.