



Lecture Code : DN02-S4

Session Name : Dialysis Nurse Course 2

Session Topic : -

Date & Time, Place : June 22 (Sun) / 10:40-12:40 / Room 1+2 (GBR 101+102)

혈관 **Mapping** 의 실제와 적용

YOONJIN PARK

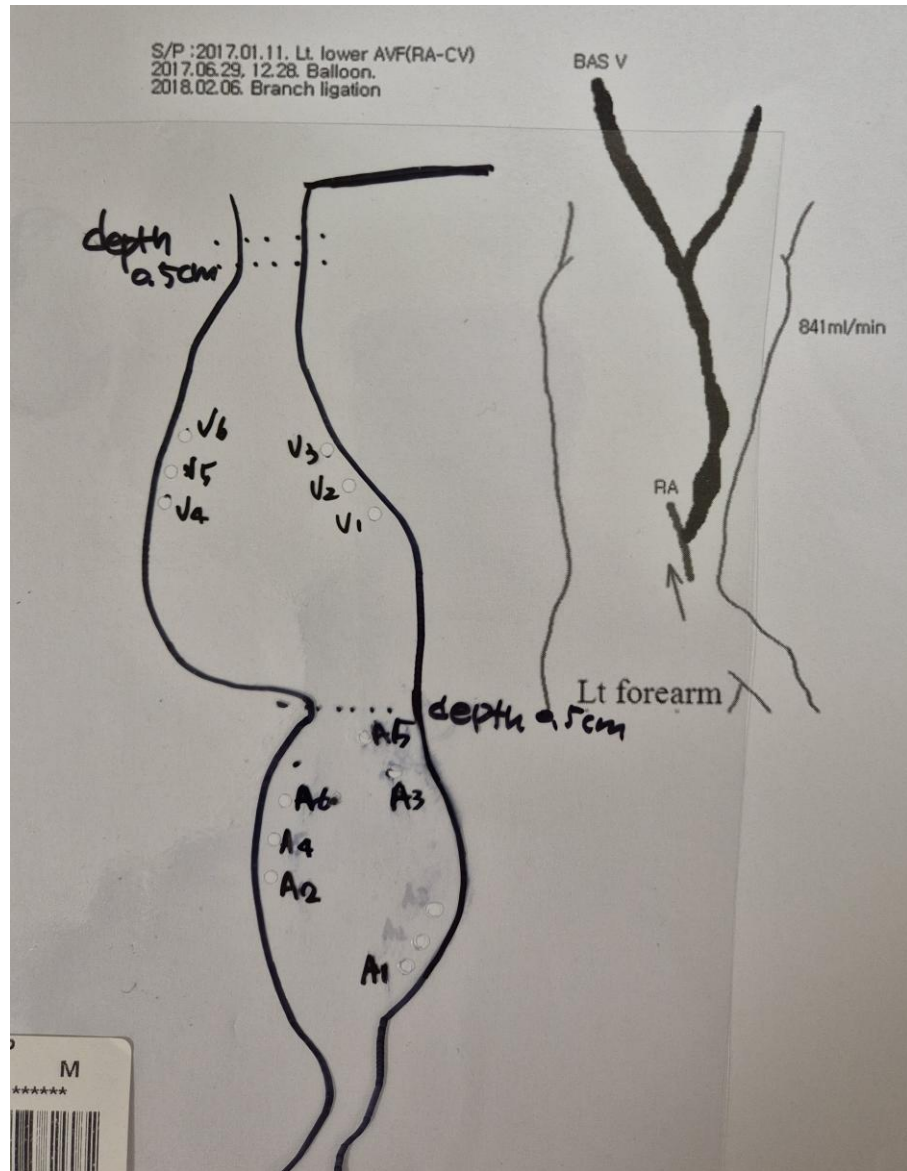
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Objectives: To maintain long-term success in hemodialysis, proper management of the vascular access is crucial. Vascular access failure is a major cause of morbidity in dialysis patients, leading to increased hospitalization rates. The primary goal of vascular access management is to extend its usability without complications such as pseudoaneurysms or thrombosis. Since cannulation is performed by dialysis nurses, highly skilled professionals are essential to minimize complications during the procedure. **Methods:** A vascular mapping technique was implemented using the rope-ladder method, which is an evidence-based approach for vascular access utilization. Ultrasound was employed to assess individual patients' vascular depth, width, and shape, creating a detailed map to avoid repeated cannulations in the same area. Over two weeks (six sessions), different cannulation sites were marked and communicated among all nurses. Additionally, needle insertion intervals were adjusted based on vascular type, and a consistent hemostasis method was applied. **Results:** The use of ultrasound improved cannulation success rates by providing accurate visualization of vascular structures. The mapping system facilitated communication among rotating nurses, ensuring systematic management of individual vascular access and reducing repeated cannulations. This approach also decreased crust formation at puncture sites. **Conclusions:** As a nurse managing dialysis vascular access, continuous efforts were made to provide evidence-based care, enhancing patient and caregiver satisfaction. This practice also fostered professional pride among nurses by promoting evidence-based nursing in their daily activities.

Keywords: dialysis vascular mapping techniques, rope-ladder method, Utilization of ultrasound, Individual vascular management, patient satisfaction

S/P :2017.01.11. Lt. lower AVF(RA-CV)
2017.06.29, 12.28. Balloon.
2018.02.06. Branch ligation

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