REFLECTIVE CPD ACTIVITY FORM

Name: **Minta Sabrina Palmer**

Job Role: **Lead Vascular Technologist**

Name:	ASPIRE Junior: Vascular and Renal	
Date(s):	30/03/2023	Total Days/Hours: 1 Hours
Type of activity:	☐Educational ☐Professional ☐Work-based ☒Self Directed ☐Other	
Description of Learning:	This was a webinar offered by the Rouleaux Club which discussed the important relationship between vascular and nephrology.	
Analysis:	The causes of renal failure and end stage renal disease were discussed, including renal artery stenosis, cystic disease, and outflow obstruction. Types of dialysis were outlined, and the importance of the Renal Access Nurse Specialist was noted.	
Conclusion:	Renal failure and end stage renal disease are very common conditions affecting the world. There are many causes for renal failure, however only 3 modes of treatment: replace the failing system, assist the failing system, or palliate and allow the system to stop working. Determining which of these three treatments is suitable for a patient is the responsibility of the Low Clearance Renal Clinic. Replacing the system relies on renal transplantation, with is a costly, limited resource. There is a long wait list, and a patient must be fit enough to endure surgery, as well as the lifelong antirejection drug regimen. Alternately, dialysis assists the failing system, and is performed in 2 ways: peritoneal dialysis involving a catheter in the abdominal space, and haemodialysis, either via a tunnelled central line or an arteriovenous fistula or graft. Palliation is determined by patient choice and is usually chosen due to frailty or diminished life expectancy. The role of the Vascular Access Nurse Specialist is to help educate the patient as to which choice is in their best interest. They provide preoperative and postoperative advice and counselling on the health of their fistula/graft and are the patient's point of contact if the fistula develops a complication.	

	Fistula/graft formation was discussed, a focus on what makes suitable vessels: veins >2.5 mm with no outflow disease and arteries >2.0 mm with no inflow disease. The nondominant arm is ideally used, and we should aim for the most distal access first (i.e., wrist first, then elbow). A mature fistula should be >6 mm diameter, <6 mm deep, have >600 ml/min volume flow, and have a 6 cm long needling length.
Benefits to your practice:	This will likely not change the way we currently structure our renovascular service. We currently have a one-stop renovascular clinic at our trust, in which the patient sees the Vascular Consultant, Vascular Access Nurse Specialist, and Vascular Sonographer. We have a very good working relationship with the Consultants and Vascular Access Nurse, and while all efforts are made to scan patients as a part of the one-stop clinic, urgent cases do pop up. The Vascular Access Nurse alerts everyone to these cases immediately, and arranges immediate assessment, including ultrasound, nephrologist assessment, and urgent bloodwork. She attends the ultrasound appointment and disseminates the results to the Vascular Consultants and Radiologists immediately and arranges hospital admission if needed.
Benefits to service user:	Having a Vascular Access Nurse Specialist at our trust is crucial for the care of our renovascular patients. She is easily reachable to both patients and clinicians, and makes all arrangements for the patient's care, even transportation to and from clinics. Our patients and dialysis units know they can easily reach her for advice and care, and that all concerns will be handled immediately. Having the one-stop clinic is beneficial to our renal patients, as it prevents an additional clinic visit for patients who are already spending a great deal of time in hospital or clinic for dialysis.
Supporting evidence:	Certificate of Attendance Copy of Notes
Additional notes:	

Please complete reflection form for each activity submitted