

Complication – Bleeding AV Access

Bleeding

Bleeding is uncommon, however if it occurs, **APPLY PRESSURE IMMEDIATELY** on the bleeding point using your finger or thumb. If you apply pressure elsewhere this will only increase the bleeding from the point of the bleed. If the bleeding stops within 5-10 minutes no further action needed at this time, however let the staff know that is happened.

DO NOT ignore any sudden bleeding that does not stop with pressure (within 10 minutes) as this can turn quickly into a life threatening bleed. If this does happen keep pressure on the fistula as directed above, do not wrapped a towel or apply any thick absorbent dressing, phone 999 and state that you are bleeding from your dialysis fistula that has **ARTERIAL** blood going through it and you need seen at A+E.

Scottish Ambulance Service and NHS 24 need to catagorise these calls “a bleeding dialysis fistula or graft” as an **URGENT** clinical issue requiring **URGENT** clinical review

At Hospital advice to be given

If needed the major haemorrhage policy should be followed

Medical/surgical staff at A+E -they need to stabilise patient, keep patient fasted, contact Surgeon on call for Renal Surgery, and when safe to do so arrange transfer by appropriate transport to Renal at QEUH for urgent surgical review and plan

While waiting for transfer obtain urgent FBC, U+E and Coag

At Renal Unit

If bleeding does not stop avf will need ligated

If bleeding stops, reason for spontaneous bleed needs investigated as next time it could be catastrophic

Also follow advice on SERPR Clinical Protocols of the Glasgow Renal and Transplant Unit Section 10.9 Guideline from box with Consider bleeding risk.....