**KDOQI Recommended**

Preserves peripheral veins in patients who need dialysis or may need dialysis in the future.

**KDOQI: Clinical Practice Guidelines**

Patients and healthcare professionals should be educated about the need to preserve veins to avoid loss of potential access sites in the arms and to maximize chances for successful AV fistula placement and maturation.

**Vascular Access Update**

III. NKF-K/DOQI CLINICAL PRACTICE GUIDELINES FOR VASCULAR ACCESS: UPDATE 2000

Guideline 7: Preservation of Veins for AV Access

A. Arm veins suitable for placement of vascular access should be preserved, regardless of arm dominance. Arm veins, particularly the cephalic veins of the nondominant arm, should not be used for venipuncture or intravenous catheters.

B. Instruct hospital staff, patients with progressive kidney disease (creatinine >3 mg/dL), and all patients with conditions likely to lead to ESRD to protect the arms from venipuncture and intravenous catheters.

• Rationale: Venipuncture complications of veins potentially available for vascular access may render such vein sites unsuitable for construction of a primary AV fistula.

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**Hub Placement at 2cm or 5cm**

2cm placement leaves less catheter exposed when using a smaller tunnel track.

**Clearly Labeled**

ID rings and Extension clearly indicate size and power injection capability.

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**Excerpt taken from PN2114J**

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