



Queensland Government

**Statewide Renal Access Surgery  
Dialysis Access Referral**

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

FAX to:

Dialysis Access Coordinator and Referral Centre

To: .....

Treating Nephrologist: .....

Preferred OPD Site: .....

Recommended OT Site: .....

Vascular Ultrasound:

Booked: .. / .. / ..  Attended

Procedure:

- AVF Formation       Access Revision  
 Tenckhoff insertion       Other (specify): .....

Dominant hand:  Right  Left

Access history / problem: .....

Medical / Anaesthetic history: .....

Anticoagulation: .....

Reasons - .....

**PLEASE ATTACH SUPPORTING INFORMATION**  
eg. Ultrasound results, Access Flow Study reports, Doctors' letters

**LEGEND**

<sup>^</sup> Body Mass Index (BMI) = (Weight [kg] / Height [m<sup>2</sup>])

\* Machine recirculation studies >10% on three (3) occasions, OR access flow rates <400ml/min (AVF) and <600ml/min (AVG), OR access flow rates reduced by ≥20% from previous measure

# Includes persistent proven complications such as: site infection, stenosis, steal syndrome, non-maturing AVF, peritoneal dialysis (PD) leak, peritonitis

Authorised by Dr: ..... (name)

Signature: .....

Provider No.: .....

Date: .....

**PRIORITISATION SCORE**

Complete the appropriate section below and then sign date at bottom of page.

ON Dialysis Patient		Circle score
Dialysis location (print)		
Dialysis shift (print)		
Current access type	Uncuffed catheter	5
	Cuffed catheter	4
Time since catheter inserted or access problem identified	>3 months	5
	1-3 months	4
	<1 month	2
Date: .....		
Adequacy	Urea reduction ratio (URR) ≤65%	4
	Abnormal Access Studies*	2
	PD - Kt/V target <1.7/week	2
Adverse Events	Use of thrombolytic agent >1	2
	Catheter replaced ≥1	2
	Complication of AVF/AVG/Tenckhoff#	2
Intended / actual mode of dialysis	Home haemodialysis (HD)	4
	Hospital HD / Plasma X / PD	1
Barriers to healing or access development	Diabetes mellitus	2
	Age ≥70 years	2
	Malnourished (albumin <30)	2
	Immunosuppressive therapy	2
	Obesity: BMI <sup>^</sup> ≥30	1
Total score		

PRE Dialysis Patient		Circle score
Current Glomerular filtration rate (GFR)	<10ml/min	5
	11-15ml/min	3
	16-20ml/min	2
	>20ml/min	1
Predicted dialysis start	<3 months	3
	3-6 months	2
	>6 months	1
Intended mode of dialysis	Home Haemodialysis (HD)	4
	PD/ Hospital HD	1
Presence of uraemic signs and symptoms	BP Uncontrolled	2
	Fluid uncontrolled	2
	GFR reduced 5ml/min/month	2
Barriers to healing or access development	Diabetes mellitus	2
	Age ≥70 years	2
	Malnourished (albumin <30)	2
	Immunosuppressive therapy	2
	Obesity: BMI <sup>^</sup> ≥30	1
Total score		

Form completed by: ..... (print name)

Signature: .....

Designation: ..... Date: .....

DO NOT WRITE IN THIS BINDING MARGIN



DIALYSIS ACCESS REFERRAL