

N21 - Vascular Access Choices in Older Adults

When: Access planning, failed maturation, repeated procedures, or a change in function or goals.

Do this

- Ask what matters most: time at home, independence, comfort, needle concerns, and willingness to undergo procedures. Record the patient's words [1].
- Bring function, frailty, mobility, cognition, support needs, heart failure, and recent admissions to the review. Age alone does not describe these risks [2,3].
- Document the access history: catheter use, failed fistulas, infections, interventions, and recovery burden. Ask the team to explain expected time to use and likely further procedures.
- Request a shared ESKD Life-Plan with the patient, nephrologist, access team, and chosen support person. Record the agreed option, backup plan, and review date [1].

Call / escalate

- Fever or rigors with a catheter, absent thrill, a cold painful or weak hand, or uncontrolled access bleeding: follow the urgent access/emergency pathway.
- Repeated failed procedures, worsening frailty or heart failure, or a patient who questions the treatment burden: request a renewed access and goals discussion.

Don't

- Do not use an age cutoff or a blanket 'fistula first' rule to choose access. Do not assume a catheter is risk-free or automatically best for an older adult.
- Do not promise that a fistula will mature. Cannulation, access changes, and catheter removal require the team's documented assessment and orders.

Evidence numbers refer to the sources on the reverse.

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Compare the options

- **Fistula:** a usable AVF can offer durable access with lower infection risk than a catheter, but maturation can fail and bridging catheter time or additional procedures may be substantial [1,2].
- **Graft:** may become usable sooner than a fistula, depending on graft type and the team's assessment; infection, thrombosis, and repeat interventions remain tradeoffs [1,2].
- **Tunneled catheter:** immediately usable and avoids repeated needle insertion, but carries bloodstream-infection, dysfunction, and central-vein risks. It can fit selected goals after an informed team discussion [1,2].
- **The ACCESS HD pilot** randomized only 67 patients and primarily tested feasibility. It underscores strong patient preferences; it does not establish catheter superiority or equivalence [4].

Bring this to the review

Patient priority; function/frailty and support; cardiac history; access and procedure history; current problems; questions about time to benefit and burden; agreed option, backup, and follow-up owner.

Sources - click to open

1. [KDOQI 2019 Vascular Access guideline. PMID: 32778223](#)
2. [Hemodialysis vascular access in the elderly: getting it right. PMID: 30606427](#)
3. [Frailty in vascular access planning. PMID: 33522351](#)
4. [ACCESS HD pilot randomized trial, 2026. PMID: 42319856](#)

Full reviews and navigation

[Vascular Access Selection in Older Patients Starting Hemodialysis](#)

[Examining and Cannulating the AVF and AVG](#)

[Catheter Care, Lock Solutions, and Bloodstream Infection](#)

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Adapted from the linked Clinical Mastery reviews. Updated September 27, 2026. Andrew Bland, MD, FACP, FAAP - Urine Nephrology Now.