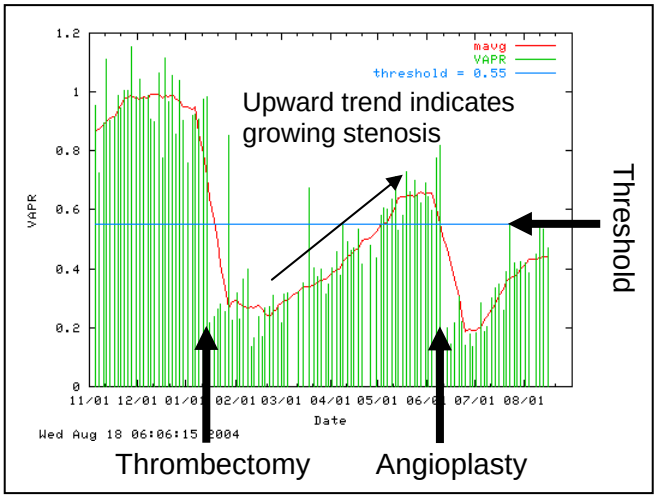
Vasc-Alert LLC
3000 Kent Ave.
West Lafayette, IN 47906
765.775.2525 voice
765.775.2527 fax

What is Vasc-Alert:
An Introduction to Interventionalists

A dialysis center that refers patients to you for intervention has recently subscribed to a proactive vascular access surveillance service called Vasc-Alert. This surveillance service is based on a software application that was developed at Henry Ford Hospital in Detroit and provides proactive surveillance for access stenosis.

Vasc-Alert derives the intra-access pressure at blood flow rates greater than 200 ml/min and compares the result to a preset threshold to identify elevated values and increasing trends that may indicate the presence of significant stenosis. The program uses an empirically determined formula that includes nonlinear dynamic measurements of the circuit resistances with corrections for blood pump speed and hematocrit to determine the mean intra-access pressure. The algorithm compensates for variations in blood pressure from treatment to treatment and normalizes the final result to each individual patient by dividing it by the patient's mean arterial blood pressure for the treatment.

If the patient has three consecutive high readings, they will be issued an 'alert', which means that the patient may be at increased risk for clotting. An alert will prompt the staff at the dialysis center to look more closely at the patient and refer them for intervention if the alerts are consistent and the trend is upwards, which indicates that the stenosis is growing.



As proof as to the effectiveness of this type of surveillance, one of Henry Ford Hospital's larger centers (325 patients) used Vasc-Alert in conjunction with an aggressive intervention program. As a result the thrombosis incident rate was significantly reduced from 0.6 to 0.2 in 18 months. With continued use, the thrombosis incident rate is currently down to 0.1. Furthermore, the efficacy of this method of surveillance is very high, with True Positive results in studies consistently falling between 85% and 95%, so you will not be seeing many patients who do not have significant stenosis.

With the dialysis center using this type of surveillance program, you should be performing fewer thrombectomies and more angioplasties because you will have earlier, proactive referrals.

Further information on Vasc-Alert can be found on our web site www.vasc-alert.com, or email DeLynn Huff at dhuff@vasc-alert.com

MONTHLY VASCULAR ACCESS MONITORING & SURVEILLANCE
REFERRAL / INTERVENTION TRACKING LOG

Dialysis Facility _____ **Month/Year (MM/YY):** _____

					Monitoring/Surveillance Indicators					*Diagnostic Study*		*Treatment*		*Post treatment evaluation*					
Patient Name (Last name, 1st initial)	**DATE (MM/DD)**	**ACCESS**		**REASON FOR REFERRAL**	**BP @ time of monitoring**	**VASC-ALERT ALERTS**		**ACCESS FLOW**	**RECIRC. % (if known)**	**FISTULOGRAM or DOPPLER STUDY**		**INTERVENTION**		**VASC-ALERT ALERTS**		**ACCESS FLOW**	**RECIRC.% (if known)**	**DATE (MM/DD)**	**COMMENTS**
		Type	**Location**			**VAPR**	**AAPR**			**(Y or N)**	**(+ or -)**	**(Y or N)**	**(R or S)**	**VAPR**	**AAPR**				

NOTES:

1. **This tracking log is for patients with ABNORMAL monitoring indicators who are to be referred for fistulography or consultation and/or treatment as indicated. Notify nephrologist of plan to refer patient. Make referral appointment. Fax "Intervention Referral" form to appropriate specialist or department.**
2. **"Y or N" refers to Yes or No. "R or S" refers to Radiology or Surgery**
3. **Post-intervention surveillance test should be checked following treatment to be sure it has returned to normal**

SPECIAL NOTE: For referrals for LOW INTRA-ACCESS FLOWS:

1. **Grafts are to be referred when intra-access flow is below 600 ml/min.**
2. **Fistulae are to be referred when the access flow is less than the prescribed delivered flow (Rx Qb).**