Nephrostomy Exchange / Removal

Care

 Pathway

**Booking:**

|  |  |
| --- | --- |
|  | Call patient and confirm patient identity (3 points of identification) |
|  | Inform patient of date and time of procedure, standard **No prep required**  |
|  | Confirm no change in medication |
|  | Confirm how patient is getting to and from appointment  |
|  | Offer Patient opportunity to ask any questions |
|  | Offer patient our telephone number or how to contact department  |

**Pre-Procedure:**

|  |  |
| --- | --- |
|  | Confirm with consultant no observations required  |
|  | Check size of existing nephrostomy tube |
|  | No written consent required |
|  | Prepare Table  |
|  | Prepare patient on the table; disconnect bag, cap off tube, remove any dressings |

|  |  |
| --- | --- |
|  | Call patient and confirm patient identity (3 points of identification) |
|  | Inform patient of date and time of procedure, standard **No prep required**  |
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|  | Confirm how patient is getting to and from appointment  |
|  | Offer Patient opportunity to ask any questions |
|  | Offer patient our telephone number or how to contact department  |

# Procedure

RADIOLOGIST:

PROCEDURE:

SITE:

IR Procedure Note/Report:

**Complications:**

 Pain Y/N

 Haemorrhage Y/N

When to restart anti-coagulation:

Signed by radiologist: Date Time

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| --- | --- | --- | --- | --- |
| Medication | Amount | Route | Time | Prescribed by:  |
| Lidocaine 1% |  | SC |  |  |
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| --- | --- | --- |
| **DATE****AND** **TIME** | **Multidisciplinary notes and evaluations** | **Signature/print Profession/ bleep/number** |
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