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| --- | --- | --- | --- |
| Bookings check list | | | |
| Appointment | Date: | Time: | TCI: |
| □ CRIS  □ Outlook diary  □ Bookings list  □ Bloods requested | | | |

Nephrostomy/ Ureteric Stent Insertion

Care

Pathway

(inpatient)

Pre-assessment and Appointment Booking by

IR-Nurse

Name of Nurse filling out form: Date:

Patient Information:

Date of Referral:

Consultant:

Ward:

Allergies:

Infection control alerts:

Confirm Past Medical History:

Has patient been prescribed Gent Abx 1hr prior to procedure Y/N

Diabetic: Y/N Type: Insulin Dependent: Y/N

Is patient on Anticoagulation and/or Anti-platelet therapy? Y/N

CAN THIS BE SAFELY STOPPED BEFORE PROCEDURE? Y/N

Type:

Why is it prescribed:

Date/time last taken:

Date stopped:

Confirm Bloods required:

FBC Y/N INR Y/N

UEC Y/N

|  |
| --- |
| Patient requires:  Nil By Mouth for 6HRS prior to procedure Y/N  Clear Fluids only until 2 hours prior to procedure Y/N |
| Can the patient physically lie still for the procedure? Y/N |
| Cannula Y/N |
| Confirm capacity for consent or consent 4 requested Y/N |
| Is the patient on O2 Y/N |
| Is the patient barrier nursed Y/N |
| Name of ward person receiving instructions…. |
| Booked on teletracking Y/N |

**Ring Access-To-Care for a community referral Y/N**

Wiltshire use access-to-care @ Medvivo number is: 0300 111 5818 option 3

Dorset use access-to-care @ Dorset Health Care number is: 0300 033 4000

Day case nephrostomy patients to be registered with Fittleworth Medical by the IR nurse. **Y/N**

Inpatient nephrostomy patients to be registered by the discharging ward.

Ensure patient is transferred with the registration details. **Y/N**

Include care plan for the community team (PDF forms can be printed from the nephrostomy folder) **Y/N**

Signed: Dated:

# Pre-Procedure Check List

Admitting nurse:

|  |  |  |  |
| --- | --- | --- | --- |
| **Check list** | **Tick** | **Initial** | **Comments** |
| Admit on Lorenzo **AND** Cris and orientate the patient to the ward |  |  |  |
| Confirm patient ID |  |  |  |
| ID and Allergy Band |  |  |  |
| Check next of kin details are correct |  |  |  |
| Bloods:  Hb:  Platelets:  INR:  APTT:  Sodium:  Potassium:  Urea:  Creatinine:  eGFR: |  |  |  |
| Last ate:  Last drank: |  |  |  |
| If Diabetic then take blood sugar:  BM: …… |  |  |  |
| Cannula inserted: only if patient requiring sedation  Size:  Position:  Number of attempts:  ANTT technique used:  Successful saline flush: |  |  |  |
| Completed baseline observations |  |  |  |
| In gown |  |  |  |
| Anticoagulation or antiplatelet medication has been discussed and stopped.  Date stopped: |  |  |  |
| Patient consented by IR consultant: |  |  |  |
| Ensure notes and prescription charts  accompany the patient |  |  |  |
| Secure Patients own medication for admission period. |  |  |  |
| Nurse – nurse handover in procedure room |  |  | \*has to be registered nurse to sign this |

# Procedure

RADIOLOGIST:

PROCEDURE:

SITE:

IR Procedure Note/Report:

**Complications:**

Pain Y/N

Haemorrhage Y/N

Sample and microbiology form correctly labelled: Y/N

**Time in Radiology before return to ward: ……………….**

When to restart anti-coagulation:

Signed by radiologist: Date Time

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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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In Patient Post Procedure

Patient into recovery at:

Ensure call bell to hand Y/N

District Nurse Referral Y/N

|  |  |
| --- | --- |
| Care Guidelines: | Rationale: |
| Observations to be taken: blood pressure, pulse, temp, resp rate, O2 sats and wound check (see chart below)  every 15 minutes for hour 0-2 (2 hour) @  every 30 minutes for hours 2-4 (2 hours) @  Observations should then continue as per ward care plan.  **Follow NEWS 2 (trust policy) and escalate when triggers NEWS score.**  ***If there are signs or symptoms of blood loss, hemodynamic instability or sepsis, keep NBM and contact IR Dr who performed the procedure AND a senior member of the responsible clinical team.***  Monitor and record volume drained on fluid balance chart.  Observe for hematuria, report to Clinical Team | Detection of post-procedure complications that may require urgent intervention (bleeding, over-sedation, sepsis)  As instructed by Clinical team/Senior sister  To monitor effectiveness of drain/stent  Early detection of complications e.g. bleeding |
| Observe for rashes, wheezing, and shock. Call for help immediately if detected. This may require the Crash Team (2222) if the patient is having a severe reaction. | Early detection of contrast or adverse drug reaction. More likely to occur peri- or immediately post procedure but can be delayed. |
| Patient may have:  Clear fluids 1 hours post insertion  Light meal 2 hours post insertion  Eat and drink normally at 6 hours post insertion | Precautionary in case of post procedure complications requiring radiology intervention/surgery. |
| Patient to remain on bed rest for 4 hours post insertion | To reduce risk of bleeding |
| Do not change dressings around drain sites, they should be reinforced only. If drainage catheter leaks or appears blocked inform the Clinical Team who may wish to contact Radiology for further advice. | To avoid dislodging or removing catheter and therefore avoiding damage to kidney or need for further procedure. |

**At each observation check, drain check must also be completed.**

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| **Time:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Drain:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Key:** | **Dry = D** | | **Ooze = O** | |  | **No Change = NC** | | | **Leaking = L** | | |  |  |  |  |  |  |  |  |

**Handover given to ward member responsible for patient: Y/N**

**Ward Staff Name/Sig: …………………………IR Nurse Name/Sig: ……………………………….**

**Please register patient with Fittleworth**

***Nurse number 3264 (this is needed to register patient)*****

**Suggested products for new nephrostomy:**

4 Skaterfix dressing/ 8 if bilateral

1 box of Hollister leg bags- there are 12 in the box, so if 1 nephrostomy the box will last 3months/if 2 nephrostomies 2 months

Clear film dressings are single item so as order the same quantity as Skaterfix

Connecting tube- I would only order 1 in first order. I suggest this is not changed routinely as they can last up to 3 months, so only change when ne tube is inserted.

I do not order syringes as routine unless tube requires flushing regularly.

The black bags and wipes are complementary orders not required on the script, so you can order these monthly

|  |  |  |
| --- | --- | --- |
| **Product description** | **NHS Drug Tariff Order Code** | **Fittleworth Product Code** |
| Skater Fix Dressing | 802500001 | MAR\_802500001-1 |
| Hollister Leg Bag with Pre-attached Connecting Tube | 9348 | MAR\_9348 |
| Clear Film Dressing | 273000 | MAR\_1628 |
| 50ml Syringe Cath Tip | 300867 | MAR\_300867 |
| 6cm Male/Funnel Connecting Tube | 404024000 | MAR\_404024000 |
| Dry Wipes | Dry Wipes | MAR\_DRYWIPES |
| Disposable Bags | Black Bags | MAR\_BLACKBAGS |

For advice on products contact Cath Dixon 07966621372 catherine.dixon@hollister.com

**Advice for community nursing teams:**

* If present, the securing suture remains insitu for the duration of the nephrostomy
* The dressing, statlock and drainage bag should be **changed every 7 days**
* The nephrostomy tube can be flushed weekly or more frequently if required to prevent blockage