

Sullivan County Department of Public Health

<u>Title:</u> Nephrostomy Tube Care	Original Approval: 6 / 1 8
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<u>Page Number:</u> 1 of 1	

Statement/ Purpose:

To provide guidelines for nephrostomy tube dressing changes, bag changes, and irrigation.

Authority:

n/a

Application:

Registered Nurses

Terminology:

n/a

Responsible Party:

Training and Quality Improvement Coordinator

Cross-Reference:

Hand Hygiene, Universal Precautions

Procedure:

Dressing Change

1. Perform hand hygiene
2. Don non-sterile gloves.
3. Carefully remove the old dressing to avoid dislodging the catheter. Note soreness, redness, drainage or odor at the site where the catheter goes through the skin. These signs may indicate infection and should be reported to MD.
4. Remove the used non-sterile gloves, wash hands again or use hand sanitizer. Don a new pair of non-sterile gloves.
5. Measure nephrostomy tube from exit site to tip. If the nephrostomy tube length is longer than measured length at time of insertion, catheter may have migrated out. Notify MD.
6. Cleanse the skin around the catheter exit site with a normal saline and gauze. Move outward in a circular motion from the center to about 3 inches. Repeat if needed to remove any crusting.
7. Apply sterile 2x2 or 4x4 split gauze pad around the tube and cover with a transparent dressing.
8. Remove gloves, wash hands or use hand sanitizer.
9. Sign and date dressing.

****Dressing should be changed every 72 hrs or twice weekly (unless otherwise directed by MD), and PRN if dressing is soiled or becomes loose. ****

Drainage Bag Change

1. Perform Hand Hygiene

Sullivan County Department of Public Health

2. Don non-sterile gloves.
3. Disconnect the drainage bag from the nephrostomy tube.
4. Cleanse the end of the nephrostomy tube using an alcohol pad.
5. Attach a clean bag with new connecting tubing. It is acceptable to reuse drainage bag once the bag has been cleansed with a mild soap, rinsed well with water, and allowed to air dry.
6. Secure tubing and bag unit with a Velcro belt around the waist if available.
7. Remove gloves and wash hands with soap and water or use hand sanitizer.
8. Label the bag with the date and time of last bag and tubing change.

Irrigation

1. Perform hand hygiene
2. Don sterile gloves.
3. Remove the drainage bag and cleanse the end of the tube with an alcohol pad. Some nephrostomy tubes have a stopcock that can be cleansed with an alcohol pad and accessed without removing the drainage bag. In that case turn the stopcock to off for the drainage bag and proceed as follows.
4. Connect a sterile normal saline syringe and gently instill the saline as per MD order. Do not exceed 10mls.
5. Do not aspirate or force, if resistance occurs, ask the patient to lie down on their back and then again on their side. If resistance continues notify MD and send to ER.
6. Cleanse the end of the nephrostomy tube with and an alcohol pad and reconnect drainage bag tubing. Or if there is a stopcock, turn it back to open for the drainage bag. Allow to drain by gravity. Notify MD if no drainage occurs and send patient to the ER.
7. Remove gloves, wash hands with soap and water or use hand sanitizer.
8. Document the total used for irrigation as well as amount retrieved into drainage bag after irrigation.

Important Considerations:

- Irrigation of the nephrostomy tube is required if there is absence of urine, if urine remains heavily blood stained, if patient has persistent flank pain or suspected blockage. An MD order is required.
- This is a sterile procedure
- Do not flush greater than 5-10 mls of sterile normal saline, determined by MD order.
- Observe for continuous urine flow and signs of infection.
- Notify MD immediately if the tube cannot be irrigated or if it is dislodged or fallen out, and send patient to the ER.