# Nephrostomy Tube, Care of

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<th>Purpose</th>
<th>The purpose of this procedure is to provide guidelines for the care of the resident with a percutaneous nephrostomy tube. To only be done by LN.</th>
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| Preparation | 1. Verify that there is a physician’s order for this procedure.  
2. Review the resident’s care plan to assess for any special needs of the resident.  
3. Assemble equipment and supplies as necessary. |
| General Guidelines | 1. Assess the resident for indications of bleeding in the flank area every 4 hours x 2 after insertion of the nephrostomy tube, then every 8 hours.  
2. Check placement of the tubing and integrity of the tape during assessments.  
   a. Drainage should be below the level of the kidneys.  
   b. There should be no kinks in the tubing.  
   c. If the tubing is dislodged, cover stoma with sterile 4x4 and notify the Attending Physician immediately.  
3. Empty drainage bag once per shift and as needed.  
4. Change drainage bag monthly, or as needed.  
5. Measure output as follows:  
   a. Initially every hour x 4 hours, then  
   b. Every 4 hours x 24 hours, then  
   c. Every 8 hours.  
6. Measure output from the right and left kidneys separately. (Record urinary and nephrostomy output separately.)  
7. After nephrostomy tube insertion, output may be bloody but should change to light pink within 24 hours.  
8. Change dressings every 1-3 days, or as ordered.  
9. Use sterile technique during dressing changes. |
| Equipment and Supplies | **For Dressing Changes:**  
1. Sterile 4x4 drain dressings  
2. Povidone-iodine swabs  
3. Sterile saline/4x4 gauze/sterile basin/forceps if NSS is ordered  
4. Clean gloves  
5. Sterile gloves  
6. Adhesive tape  
7. Disposable underpad  
8. Sterile drape  
9. Waste bag  

**For Irrigation:**  
1. Sterile 4x4 gauze pads  
2. Clean gloves  
3. Sterile gloves  
4. 3 ml syringes pre-filled with sterile saline solution  
5. Adapter (male)  
6. Alcohol or povidone-iodine swabs  
7. Sterile cups (2)  
8. Disposable waste bag |

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Steps in the Procedure

1. Wash and dry your hands.
2. Assemble all the equipment on the resident’s overbed table:
   a. Open the sterile drape and create the sterile field.
   b. Open several packages of gauze pads.
   c. Open several packages of povidone-iodine swabs.
   d. Open the disposable waste bag and place it away from the sterile field.
3. Explain the procedure to the resident.
4. Provide privacy for the resident.

Dressing Changes:

1. Position the resident on the side opposite of the tube.
2. Place the underpad beneath the resident.
3. Wash your hands and put on clean gloves.
4. Carefully remove the wet or soiled dressing.
5. Discard the dressing in the disposable waste bag.
6. Observe the dressing site for signs of skin breakdown, infection, or drainage.
7. Remove gloves and discard in the disposable waste bag.
8. Wash and dry your hands.
10. With appropriate solution (or 4x4 dipped in NSS if ordered), cleanse the nephrostomy tube site in outward circles from the insertion site. Use a new swab for each circle. Cleanse outward to approximately 3 inches in diameter from the insertion site.
12. Allow iodine/saline solution to dry.
13. Place 1-2 sterile drain dressings on the nephrostomy tube site, as indicated. Secure with adhesive tape.
14. Secure the tube with tape to prevent tension.
15. Remove underpad and discard soiled material.
16. Remove gloves and wash your hands.
17. Assist the resident to a comfortable position.
18. Place call light within reach of the resident.

Irrigation:

1. Position the resident on the side opposite of the tube.
2. Place the underpad beneath the resident.
3. Open gauze pads, iodine or alcohol swabs, and pre-filled syringe.
4. Wash your hands and put on sterile gloves.
5. Cleanse the junction between the nephrostomy tube and the drainage tube with iodine or alcohol swabs.
6. Disconnect the tubes and place the ends of both tubes in sterile cups.
7. Connect the syringe to the nephrostomy tube using a male adapter, if necessary.
8. Slowly instill 2-3 ml of saline into the nephrostomy tube. **DO NOT IRRIGATE WITH MORE THAN 3 ML OF SALINE.**
9. Slowly aspirate the saline back into the syringe. If there is resistance, remove the syringe and reattach the nephrostomy tube to the drainage tube and allow the solution to drain by gravity.

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Documentation

The following information should be recorded in the resident’s medical record.

1. The date and time the procedure was performed.
2. Name and title of the person(s) who performed the procedure.
3. The resident’s response to the procedure.
4. Assessment data obtained during the procedure:
   a. Color, quality and amount of drainage (or irrigation output);
   b. Signs and symptoms of infections (pus, redness, swelling, tenderness);
   c. Signs of tube obstruction;
   d. Signs of skin breakdown around the dressing site;
   e. Any problems or complaints from the resident during the procedure.

Reporting

1. Report any of the following signs or symptoms to the physician:
   a. Redness, inflammation, reports of pain, or other signs of infection at the insertion site;
   b. Reduced output or output below established parameters;
   c. Inability to irrigate tube or signs of obstruction of the tube;
   d. Signs of skin breakdown around the dressing site;
   e. If the tube becomes dislodged.

References

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<thead>
<tr>
<th>MDS (RAPs)</th>
<th>H3(i); (RAP # 6)</th>
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<tbody>
<tr>
<td>Survey Tag Numbers</td>
<td>F309; F328</td>
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<tr>
<td>Related Documents</td>
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<tr>
<td>Risk of Exposure</td>
<td>Blood–Body Fluids–Infectious Diseases–Air Contaminants–Hazardous Chemicals</td>
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