

NEPHROSTOMY/NEPHROURETERAL TUBE PROTOCOL FOR INTERVENTIONAL RADIOLOGY

FLUSHING SCHEDULE	DRESSING SCHEDULE	ITEMS TO FOLLOW	TUBE CHANGE SCHEDULE	PATIENT TEACHING
<p><u>Hospital and Home Care:</u></p> <p>Every day until urine is clear and free of debris with 10 cc NSS or as interventional radiology physician directed</p>	<p><u>Hospital and Home Care:</u></p> <p>As needed</p>	<p><u>Hospital:</u></p> <ul style="list-style-type: none"> • WBC • Creatine • Temperature • Tube output <p><u>Hospital and Home Care:</u></p> <p><u>NEPHROURETERAL TUBES ONLY:</u> Tube may be capped once WBC is normalized (MUST CHECK WITH INTERVENTIONAL RADIOLOGY FIRST)</p> <p>Call interventional radiology for the following:</p> <ul style="list-style-type: none"> • Tube output if to bag (less than 25 cc/day, notify interventional radiology) • Fluid becomes cloudy • Temperature >101, chills, or shaking • Tube does not flush • Tube leaking around site • Skin becomes red or irritated • Pain at tube site • Nausea/vomiting • Stitch comes out • Tube pulls back or falls out • Patient is re-admitted to the hospital (home care only) 	<p><u>Hospital and Home Care:</u></p> <p>2-3 months unless there are problems with tube (<i>see Items to Follow</i>)</p>	<ul style="list-style-type: none"> • Avoid baths and swimming • Showers okay as long as tube is covered • When to call interventional radiology (<i>see Items to Follow</i>)