

UKMEDICAL®

It's Interventional.

Long-Term Nephrostomy Nurse Care Bundle /



UP

800

700

600

500

400

BIOTEQ®



GLOVES

hello@ukmedical.com
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Dressing Change Guidance /

- Dressing should be changed on a weekly basis or any time it is soiled or not fully intact
- Take care not to dislodge catheter during dressing change, secure catheter with surgical tape once lifted from surface of securement device during dressing change
- Dressing change is best performed from behind. If the patient is unable to sit upright, position them on their side with their back facing towards you in the bed as an alternative
- Consider applying a barrier cream or spray and allow to dry prior to applying dressing to protect skin
- Warming hydrocolloid dressings prior to application increases adhesive properties
- Dressing should be gently stretched outwards from the edges to break the hydrocolloid seal on removal to avoid causing skin trauma

1. Gather all of the necessary materials	2. Wash hands	3. Put on a pair of clean gloves
<p>Things to gather before you begin the dressing change include:</p> <ul style="list-style-type: none"> • Dressing change pack (if available) <p>OR</p> <ul style="list-style-type: none"> • A cleanser to clean the wound, such as a Chloraprep® or Clinell® 2% CHG wipes • Sterile dressing • Disposable gloves • Sterile drape (optional) • Paper towel • Surgical tape <p>Using ANTT, open all packets, using the open packaging as the sterile field or drop the packet contents onto a sterile drape without touching</p>	<p>Wash hands with warm water and soap for 40-60 seconds. The World Health Organisation suggests wetting hands before applying soap. Use NICE handwashing technique.</p> <ul style="list-style-type: none"> • Work up soap into a lather and then scrub palms, the backs of hands, each finger, and all the spaces in between • Rinse hands with clean water • Dry hands on clean paper towel 	<p>After performing NICE hand washing technique, put on single-use sterile gloves</p>
4. Remove the old dressing	5. Assess the wound	6. Cleanse the skin
<p>The catheter exit site will likely be covered with a hydrocolloid securement device</p> <ul style="list-style-type: none"> • Unpeel the top cover of the dressing to expose catheter tubing. Lift the catheter away from the dressing & secure with a piece of surgical tape to avoid migration • To help with removal, gently roll up the edges of the dressing (potentially use an adhesive removal spray to facilitate easy removal) • Stretch the dressing outwards from the edges with one hand, using the other to gently hold the dressing steady. Keep stretching in small amounts around the edge of the dressing to break the adhesive seal until it is no longer stuck to the skin 	<p>When you have uncovered the exit site, check for signs of infection. Note any foul-smelling odour, drainage (colour & consistency) and the surrounding skin integrity</p> <ul style="list-style-type: none"> • It is normal to see redness and swelling during the first few days but any foul smell or draining pus, or exudate, means the wound is infected. • Send swab for microscopy, culture & sensitivity test if indicated. • Seek further medical advice from responsible consultant if indicated. 	<p>Use Chloraprep® & sponge on a stick OR Clinell® wipe OR other suitable skin preparation solution to clean the skin around the exit site.</p> <ul style="list-style-type: none"> • Start closest to the exit site & cleanse outwards in a hash tag motion • Wait for skin prep to dry before applying dressing • Potentially use a barrier cream or spray on the skin surrounding exit site, again wait to dry before applying dressing if used
7. Apply the new dressing	8. Keep the dressing clean and dry	9. Report any unusual changes in the wound
<p>Using manufacturers IFUs</p> <ul style="list-style-type: none"> • Warming the dressing in hands prior to application helps adhesion to skin • Barrier films or spray helps adhesion to skin • Don't apply on wet skin 	<p>Change the dressing if</p> <ul style="list-style-type: none"> • It gets wet • It is soiled with blood or drainage • Consider using a film dressing to act as a waterproof cover 	<p>Refer any abnormal symptoms to responsible consultant</p>

Flushing Guidance /

Hints & Tips

- If possible, flushing should be avoided to prevent infection and potentially pyelonephritis. When flushing is required, trained staff should carry it out using 10ml 0.9% NaCl & ANTT
- If the patient notices that there is no drainage of urine from the tube and that there has not been an increase in the amount of urine passed urethrally then the nephrostomy tube may need flushing. If the nephrostomy is prone to blocking on a regular basis then it may be appropriate to flush the tube prophylactically twice a week.
- Check that the luer lock end of the catheter does not have a needle free connector attached as this may result in occlusion
- Consider luer lock closed system drainage bags which may result in better patient outcomes than urostomy bags – protect skin, reduce chance of infection, easy to change.

<p>1. Gather all of the necessary materials</p> <p>Things to gather before you begin</p> <ul style="list-style-type: none"> • Dressing change pack (if available) <p>OR</p> <ul style="list-style-type: none"> • 10ml luer lock syringe • 10ml sterile normal saline • Alcohol wipe • Clean nephrostomy bag <p>Using ANTT, open all packets, using the open packaging as the sterile field or drop the packet contents onto a sterile drape without touching</p>	<p>2. Wash hands</p> <p>Wash hands with warm water and soap for 40-60 seconds. The World Health Organisation suggests wetting hands before applying soap.</p> <ul style="list-style-type: none"> • Work up soap into a lather in and then scrub palms, the backs of hands, each finger, and all the spaces in between • Rinse hands with clean water • Dry hands on clean paper towel 	<p>3. Put on a pair of clean gloves</p> <p>After performing NICE hand washing technique, put on single-use sterile gloves</p>
<p>4. Check for physical obstruction</p> <p>Check the tube and bag to make sure there are no twists or kinks that may be causing mechanical obstruction</p> <ul style="list-style-type: none"> • If there is physical obstruction that can be easily resolved the flush will not be necessary • Check there isn't a luer lock needle free connector at the end of the drainage tube preventing the flow of urine 	<p>5. Prepare equipment</p> <p>Draw 10mls of saline into the syringe</p> <ul style="list-style-type: none"> • Don't use a smaller syringe than 10ml which may cause too much pressure on the catheter tubing 	<p>6. Remove the drainage bag</p> <p>Wearing sterile gloves, wipe around the port with alcohol wipe for at least 30 seconds and allow to dry</p>
<p>7. Flush the tube</p> <ul style="list-style-type: none"> • Attach the luer lock syringe to the connector on the catheter • Gently apply even pressure, instilling the saline into the nephrostomy tube • Gentle aspiration of the tube may dislodge the blockage, however excessive force may cause bleeding 	<p>8. Check to see if the problem has been resolved</p> <p>Allow saline or urine to flow out of the tube.</p> <ul style="list-style-type: none"> • If occlusion is not resolved, arrange an appointment with responsible consultant via secretary 	<p>9. Apply clean drainage bag</p> <p>Avoid touching key parts (ANTT)</p>

If there is still no drainage of urine from the nephrostomy tube after 24 hours then the patient's medical team at the discharging NHS hospital should be informed.

References:

This document has been adapted from: *The Christie NHS Foundation Trust, Guidelines for Management of Nephrostomy Tubes: advice for district nurses, V5, 2018. Martin R. Baker H (2019) Nursing Care & Management of patients with a nephrostomy. Nursing Times (Online); 115:11, 40-43*

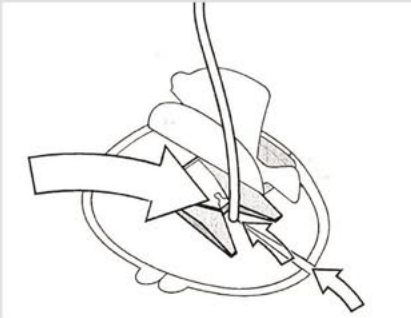
It's Drain-Guard

Steps for use

These instructions are to be used as a reference guide only. Please refer to the full instructions for use prior to using this product.

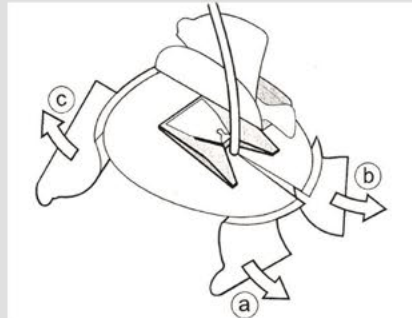
Fixing Instructions

Step 1.



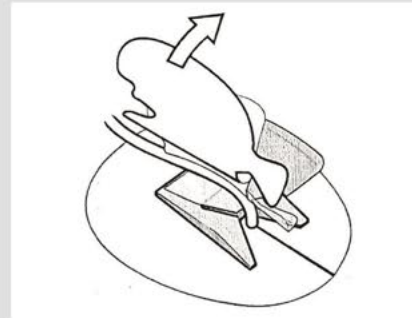
Open the front slit for catheter insertion. Place Drain-Guard so catheter is positioned at the bottom of the slit.

Step 2.



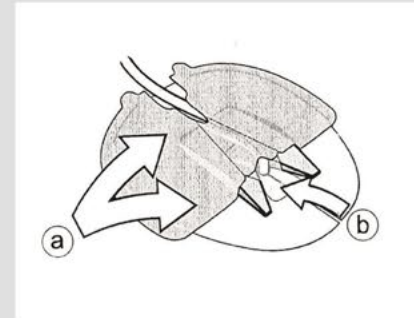
Remove (a & b) by pulling the tab & press lightly to affix adhesive to the skin. Remove (c) by pulling the tab and press lightly to affix adhesive to the skin.

Step 5.



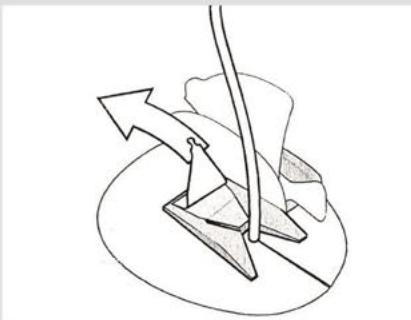
To apply the top cover, pull tab of siliconized paper, use the paper to position the top cover.

Step 6.



Press (a) to secure adhesive & press tongue-shaped hydrocolloid (b) around the puncture site.

Step 3.



Remove siliconized paper on top of Drain-Guard.

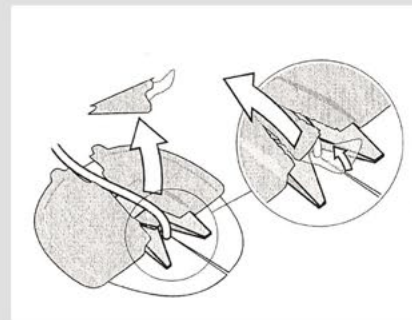
Step 4.



Place catheter on the exposed adhesive area.

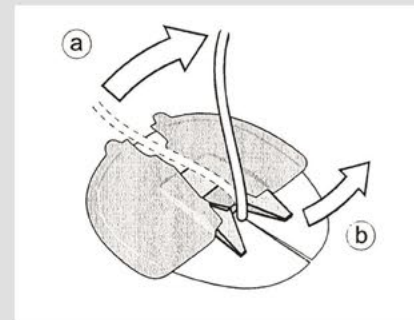
Removal Instructions

Step 1.



Peel off tongue-shaped hydrocolloid around puncture site. Peel off lid material along pre-cut lines.

Step 2.



Lift catheter away from adhesive surface and cautiously remove Drain-Guard from skin surface.

Additional information?

If you would like further assistance with using our Drain-Guard, or need advice on how to order, please call us on: 0114 268 8880.

Nephrostomy Equipment /

- The GP will provide a prescription for the equipment which is dispensed by a local chemist or local home delivery service.
- Order more bags when you are down to half a box.
- Ensure you have checked the patients supplies and reorder products as needed

Ordering Information

Description	Design type	Product code	NHSSC Code	Box quantity
Drainage bag 800ml	Inc. ML Luer Lock Drainage Line	LU800	FCB13785	25
Drainage bag 2L	Inc. ML Luer Lock Drainage Line	UB-121T-1(ML)	FRF8852	25
Leg bag with fabric backing and velcro strap 800ml	Inc. ML Luer Lock Drainage Line	DB-800C-MS-V	FRZ3891	10
Drain-Guard fixation device	Oval - Anti-Kink - Hydrocolloid	AD-8150	FRJ8133	25



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