

Nephrostomy Troubleshooting Guide

Intervention:	Rationale:	Troubleshooting:
No of days catheter has been in situ:	Catheter should be routinely changed at 90 days. Not following nephrostomy care advice could lead to pyelonephritis	If patient is not contacted before 90 days, contact referring hospital team for appointment
Dressing clean & intact (Y/N)	Dressing should be changed if soiled or not properly fixed to skin. Wound infection at the exit site can occur if not properly cared for	Follow dressing change guidance
Dressing changed (once weekly) (Y/N)	Dressing should be routinely changed at 7 days. Wound infection at the exit site can occur if not properly cared for	Follow dressing change guidance
Skin integrity at exit site e.g. <ul style="list-style-type: none"> • Normal • Excoriation • Maceration • Dermatitis • Over granulation 	Risk of wound infection due to foreign body puncturing skin. Exit site should be monitored for signs of infection (e.g. purulent discharge, erythema, pain, itching, heat)	Maintain exit-site care (proper skin cleansing at dressing change, every 7 days) Maintain good hand hygiene or wear sterile gloves Send swab for microscopy, culture & sensitivity test if indicated Seek medical advice & treat patient accordingly
Drainage bag drained (Y/N)	Not following nephrostomy care advice could lead to pyelonephritis	Drainage bag should be drained at ¾ full Maintain aseptic technique
Drainage bag changed (twice weekly) (Y/N)	Not following nephrostomy care advice could lead to pyelonephritis	Drainage bag and tubing should be changed twice weekly Maintain aseptic technique
Other signs of infection e.g. <ul style="list-style-type: none"> • Blood or pus in urine • Fever, nausea, vomiting, loss of appetite • Pain in the abdomen • Fishy smelling urine • Cloudy urine • Burning feeling while urinating • Urgent or frequent urination • Fatigue 	Pyelonephritis may result in signs of infections such as purulent urine output, raised inflammatory markers, loin/groin pain, burning/stinging when passing urine	Collect a urine sample for laboratory analysis if indicated
Temperature check (°C)	Pyelonephritis may result in signs of infections such as elevated temperature	Collect a urine sample for laboratory analysis if indicated
Urine sample collected (Y/N)	If signs of infection are present, collect a urine sample for analysis	Send urine for analysis if indicated Seek medical advice & treat patient accordingly
Urine output checked	High nephrostomy output may be caused if the kidney has been obstructed after initial tube insertion (the patient may enter a phase of diuresis)	Monitor patient's urine output and vital signs. Carry out strict fluid-balance monitoring Seek medical assistance to match fluid input/output Ensure patient is cannulated for IV hydration if indicated Weigh patient daily Monitor blood daily
Catheter checked for occlusion (Y/N)	If there is no urine output, the catheter could be blocked internally or mechanically obstructed (kinked or twisted)	Check patient's vital signs Seek urgent medical assistance if patient is unwell Check patient is well hydrated Ensure no kinks in tube occlude flow of urine (straighten tube)
Flush required (Y/N)	If there is no urine output, the catheter could be blocked internally or mechanically obstructed (kinked or twisted)	If tube is blocked with debris, flush it with 10ml of normal saline 0.9%, using aseptic technique
Catheter locking mechanism fastened? (Y/N)	Potential for catheter dislodgement	If locking mechanism is loose, tighten to prevent catheter dislodgement
Retaining suture in place? (Y/N)	Potential for catheter dislodgement	If retaining suture is not in place, contact referring hospital team to replace
Amount of catheter exposed (cm)	Nephrostomy catheter dislodged & externalised due to failed locking mechanism, loose retaining suture or no drain-fixation dressing in place	Seek urgent medical assistance – nephrostomy tube will need to be replaced by a physician

Adapted from Dougherty and Lister (2015)

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Distributed by:

UK Medical
Albreda House
Lydgate Lane
Sheffield, S10 5FH

T: +44 (0) 114 268 8880
F: +44 (0) 114 268 8881
sales@ukmedical.com
www.ukmedical.com

 @UK_Medical

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