

- Facilities:
- Ascension St. Vincent's Riverside
 - Ascension St. Vincent's Southside
 - Ascension St. Vincent's Clay County
 - Ascension St. Johns County

AFFIX PATIENT LABEL

RAD Nephrostomy Tube Placement Post-Procedure Non Categorized

Last Revision Date

- 2023/11

Vital Signs

Vital Signs

- Q15min x4; then Q30min x2; then Q1hr x2, then per protocol

Procedural Site Check

- q1hr x 4, then per protocol

Call Provider for the following:

- Contact radiologist for any unstable vital signs, changes in patient's symptoms, or procedural site complications

Activity

Activity

- Bedrest 4 hr then resume pre procedural activity

Diet

Diets

- resume diet after procedure

Patient Care

Drainage Catheter Management

Surgical Drain

- Percutaneous Abdomen To gravity/passive asDIRECTED Physician to Change First Dressing : No Change dressing as needed to keep dry. DO NOT flush catheter. Record output every 12 hours

Call Provider for the following:

- Contact Interventional Radiology for drainage catheter removal

Call Provider for the following:

- Contact Interventional Radiology if drainage catheter is malfunctioning, poorly functioning, leaking, or broken

Call Provider for the following:

- Contact Interventional Radiology, if patient is to be discharged with drainage catheter in place

Medications

LINKED CONTENT: Adult Multimodal Acute Pain without TAG NATL

Laboratory

Cell Count w/Diff Body Fluid

- Abdominal Fluid T;N Routine once Nephrostomy Urine

Body Fluid Culture

- Kidney Abdominal Fluid T;N Routine once Nephrostomy Urine

Fungal Culture

- Kidney Abdominal Fluid T;N Routine once Nephrostomy Urine

Acid Fast Bacilli Culture and Smear

Nursing Signature _____ Date/Time _____

Physician Signature _____ Date/Time _____



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AFFIX PATIENT LABEL

- Abdominal Fluid T;N Routine once Nephrostomy Urine Pathology Non-Gyn Request
- T;N Collected : Yes Routine RT T;N Nephrostomy Urine

Consults

Consult Care Manager

- D/C planning arrange for Home Health Care to assist the patient with catheter maintenance if patient is to be discharged with the drainage catheter in place.

Nursing Signature _____ Date/Time _____

Physician Signature _____ Date/Time _____

