

National Nephrostomy Framework

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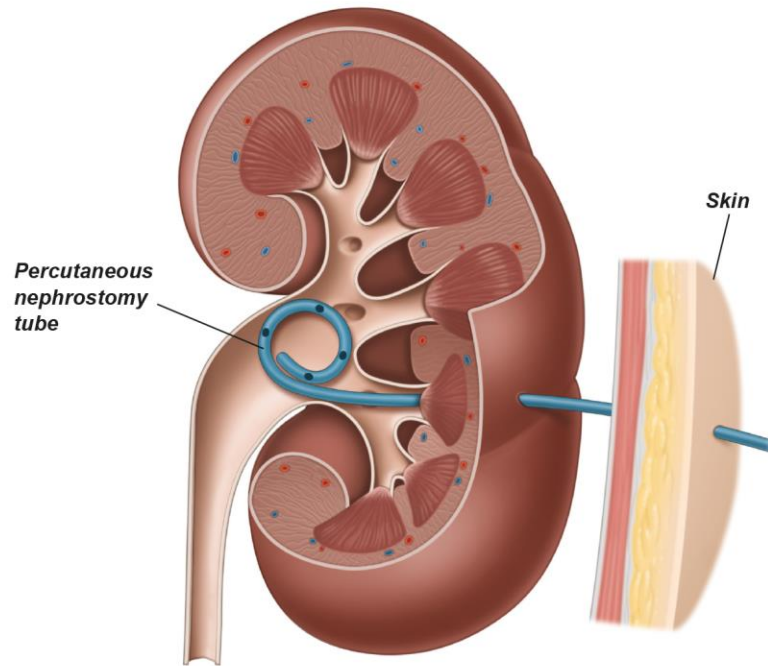
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Nephrostomies

- 1) Clinical urgency: In scenarios such as obstructed, infected systems (e.g., pyonephrosis) **nephrostomy can be life-saving.**
- 2) Renal preservation: obstruction – improve renal function while awaiting management e.g. an obstructing ureteric stone.
- 3) Oncological context: May improve renal function during systemic therapy
 - A timely multidisciplinary discussion discussing the benefits and complications of nephrostomy insertion, with a clear oncological plan and honest open conversations with patients and families are critical.
- 4) Other indications: include management of fistula and retroperitoneal fibrosis.

MANAGEMENT OF NEPHROSTOMY CARE IS A NATIONAL PROBLEM

PATIENTS WERE COMING TO HARM

No one should be harmed
while seeking care.
#PatientSafety



Why? How?



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Why is it important?

Patients were caught in-between primary/community and secondary care - CARE



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graph TD; A[Patients were caught in-between primary/community and secondary care - CARE] --> B[Poor patient experience – poor communication between primary and secondary care – frightened, staff have limited knowledge, no one to answer any questions]; B --> C[Patients were coming to harm  
Not knowing who to contact, access to supplies of consumables and the plan];
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Poor patient experience – poor communication between primary and secondary care – frightened, staff have limited knowledge, no one to answer any questions

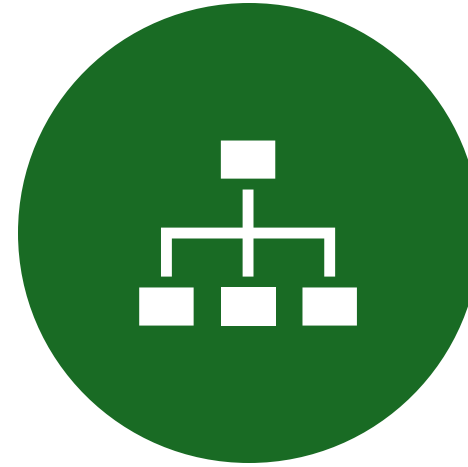
Patients were coming to harm

Not knowing who to contact, access to supplies of consumables and the plan

What are we dealing with?



**NO STANDARDISATION FOR
NEPHROSTOMY CARE ACROSS THE UK**

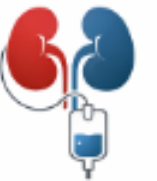


**LACK OF OWNERSHIP /
RESPONSIBILITY**

How do we address or understand it?



- Working group together
- **Needed to be multidisciplinary**
- **Involving Primary & Secondary Care**
- Urology
- Gynae
- Colorectal
- Oncology
- Palliative Care
- GPs
- District Nurses
- Charities / Associations
- Pharmaceutical
- Community Specialist Services
- **Patients**



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National Nephrostomy Framework

AIM:

Promote a standardised approach to nephrostomy care across all care settings

Prevent avoidable harm

Provide education and clinical guidance for new and existing staff

Encourage timely escalation and multidisciplinary collaboration

It's everyone's responsibility to manage nephrostomies



Nephrostomy Framework:
STANDARDISED FRAMEWORK FOR BEST
PRACTICE IN NEPHROSTOMY CARE

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National Nephrostomy Framework

Best Practice Pathway

Best practice example

Best Practice Nephrostomy Pathway	
STAGE 1: Pre-Procedure & Insertion (IR/Ward)	Decision: Multidisciplinary informed decision and consent obtained.
	Education: Provide Patient Information Leaflet (APPENDIX II)
	Nephrostomy passport completed in IR (APPENDIX IX) • Date inserted • Type of nephrostomy • Product code – nephrostomy bag
STAGE 2: Ward Care	Handover: Transfer to ward with completed Nephrostomy Passport
	Self-Care: Educate patient and carers on tube and bag management and nephrostomy care leaflet given to patient (APPENDIX II/VIII)
	Nursing Referral: refer to District or Practice Nurse for weekly dressing and bag changes
	Supplies: Provide at least 2 weeks of supplies
STAGE 3: Discharge Logistics & Admin	Reordering: Advise patient/carer on how to order ongoing supplies and provide delivery contact details.
	Nephrostomy passport updated (APPENDIX IX): • Referring ward/department • Patient's Consultant • Date of removal or exchange of nephrostomy • Patient Capacity assessment • Does the patient require translation services? • Contact details for community services • Product code of nephrostomy bag - to aid reordering
	Discharge Checklist / Letter (APPENDIX X): • Self-care techniques demonstrated and verbalised by patient/carer. • Caring for your nephrostomy leaflet- (APPENDIX II) • District Nurse referral made • At least two weeks of supplies given to patient • Supply referral completed & re-ordering process explained to patient/carer.
STAGE 4: Governance	Decision: Ensure there is a documented nephrostomy plan with a review date by referring team Trouble shooting and follow local escalation policy (APPENDIX VI)





MY NEPHROSTOMY PASSPORT

National Nephrostomy Working Group

HCPs:
ed alongside the National Nephrostomy Framework

MY NEPHROSTOMY PASSPORT

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APPENDIX I18

MY NEPHROSTOMY PASSPORT

Nephrostomy records 1st Insertion – Secondary Care

To be completed by your healthcare professional/carers

Name
DOB
NHS number

Reason for nephrostomy insertion

Reason for nephrostomy	Where nephrostomy was inserted
------------------------	--------------------------------

Nephrostomy details and future plans

Date and time inserted:	
Nephrostomy details (type, size, laterality, tract length, locking y/n):	

MY NEPHROSTOMY PASSPORT

Discharge Checklist

To be completed at each episode of discharge from secondary/tertiary care

Date	Action	Initial	Initial	Initial	Initial	Initial	Initial	Initial
	'My Passport' given to patient & explained							
	Appliance deliveries organised & explained							
	Minimum 4 weeks supply of appliances on discharge							
	Nephrostomy care teaching given to patient +/- carer							
	Arrangements for review/exchange explained to patient							
	Follow up appointments arranged							
	Urgent assistance details explained to patient							

Record of deviations and reasons

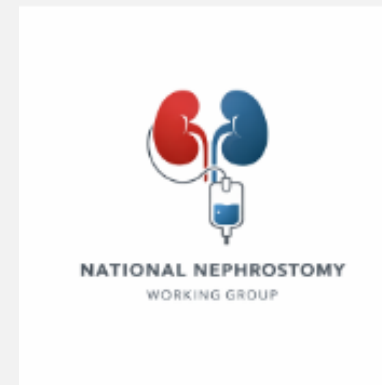
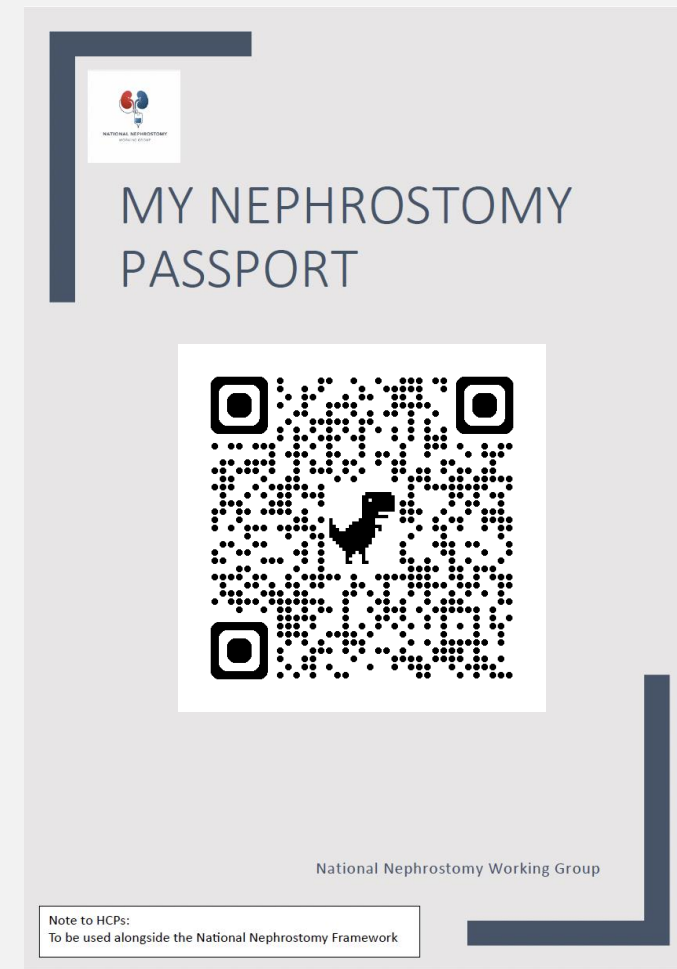
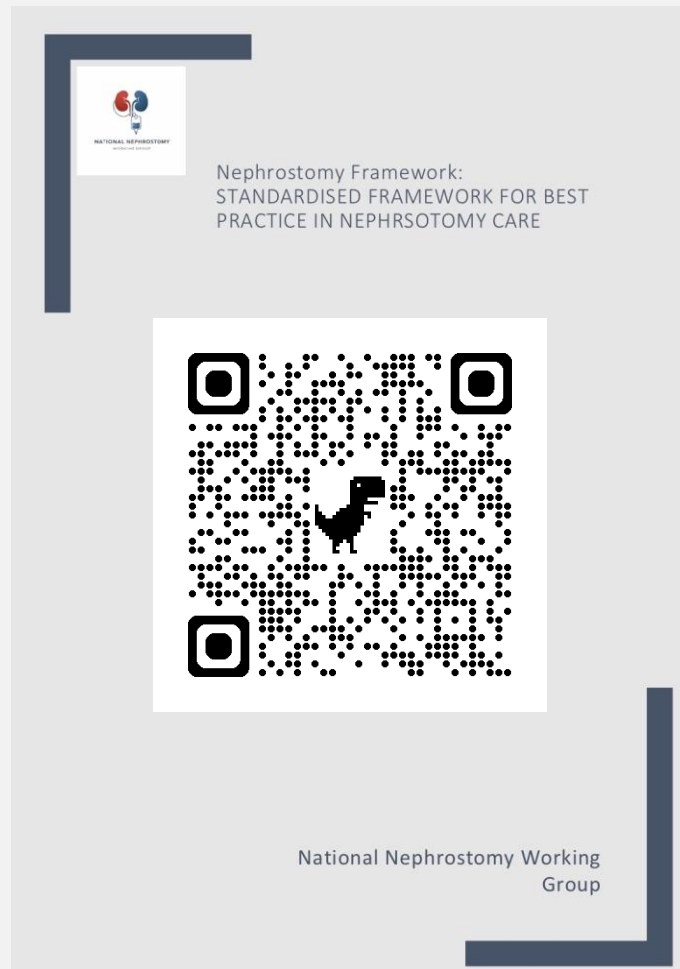
Date	Deviation	Initial

MY NEPHROSTOMY PASSPORT

Important information

Important Information	
GP	Name: Phone:
Community nurse	Name: Phone:
Consultant /other health professional	Name: Phone:
Nurse Specialist	Name: Phone:
Reason for nephrostomy insertion	
Date of first nephrostomy insertion	
Date of passport issue	
Place of nephrostomy insertions	
Concerns at nephrostomy changes	

The Framework & The Passport has improved joined up care / equity in experience



Thank you



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