



Service Priorities and Programmes Electronic Presentations

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Submitting author: Ms M L LI

Post title: Nurse Consultant, POH, NTWC

Initiative of a urology nurse clinic for Patients with Percutaneous Nephrostomy Catheter

Li ML(1), Yung WY(2), Wan LH(2), Yuen SM(2), Chau H(1)(2) Chu SK(1)(2)

(1) Tuen Mun Hospital, (2) Pok Oi Hospital

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Introduction

Obstructive uropathy with locally advanced recurrent abdominal/pelvic cancer or metastatic disease with obstructive renal failure. PCN is a clinical option as a temporary or supportive treatment for these patients.

Historically, all patients with PCN who have come to the emergency department (AED) for related complications such as, PCN blockage, dislodgement, loosen stitches, decrease or no urine output, loin pain, leakage from PCN site, infection etc.

Although all these complications are often seen to be common and patients might to wait for a longer time in AED and then admit to ward. Can it be prevented or managed in outpatient setting to reduce hospitalization due to these complications?

Objectives

To initiate the best practices for reducing complications and hospitalizations for patients with temporary percutaneous nephrostomy (PCN) catheter who are unfit to receive suitable operation

Methodology

Conventional dressing for PCN is easy to lose and unable to adhere to skin well that will create the chance for dislodgement and with potential infection.

New fixation devices and shorter connecting tubing with different kinds of collection urine bag for the system in PCN dressing has been used since 2015 and initiated a regular follow up clinic for those patients with PCN catheter who's carrying for more than four weeks. Multidisciplinary approach in collaboration with colleagues of GOPC and CNS. GOPC/CNS nurses will help to follow up patients weekly for dressing change and monitor the PCN site. Ad hoc consultation to urology nurse for fast track clinic if problem arises. Education and understanding in caring for maintenance of PCN to staff and patients and their carers are crucial.

Data have been compared for emergency admission due to complications of PCN between the period 2012 to 2014 and 2015 to 2017.

Result

As a result, patients with PCN are subsequently reduced in unplanned admission and AED attendance.

Base on this pioneer enhancement, a continuous quality improvement, optimize PCN care and decrease complications will beneficial to all these types of patients with PCN.