

INU Master Protocol

Pre-procedure

- Inpatient: Physician to place order in CareLink.
- Outpatient: Vascular Access Coordinators to receive order, place order in CareLink and schedule appointment in Groupwise.
- Procedure will be scheduled in EWS.
- Labs:

CBCP	<30days	Plt >50
		Hgb>8
Basic	<30days	K <5.8
PT	<30days	<1.5
PTT	<30days	

- If patient has history of allergy to iodinated contrast, is to receive prednisone 50 mg PO at 13, 7 and 1 hours pre-procedure; diphenhydramine 50 mg PO at 1 hour pre-procedure.
- Instruction for outpatients to include:
 - NPO food x 6 hours may have clear liquids until 2 hour pre-procedure
 - Driver necessary post-procedure if sedation is administered
- Medication:
 - Insulin: Follow **Pre-operative and Pre-procedure Insulin Guidelines (Adults with type 1 or type 2 diabetes)**
 - Anti-rejection meds: to be taken as scheduled
 - Anti-hypertension meds: hold if scheduled for same day HD/MUST take pre-renal biopsy
 - Warfarin: hold per individual case, TBD by Physician/PA
 - Heparin: IV infusion to be discontinued 6 hours pre-procedure
 - PRN pain medications are to be taken as indicated
- Obtain informed consent
- Establish peripheral IV
- IV of 0.9% NS at KVO (if blood glucose <80, hang D5 0.9% NS)
- For blood glucose <70, give 25 ml D50 IV, recheck after 15 minutes
- Record baseline VS
- Apply O2 at 2L per nasal cannula, or maintain patient's O2 prescription.

Post-procedure

- If patient's CR > 1.5 and patient received contrast then call for possible IV bolus order.
- Recovery from sedation per UMHHC Policy 62-11-001
- Inpatient to be discharged to sending unit with Intra-hospital Handoff form and copy of INU Discharge Instruction sheet

- Outpatient to be discharged with copy of INU Discharge Instruction sheet
- Outpatient to be discharged via wheelchair post sedation
- Complete follow-up call to outpatient the following day.

Peritoneal Dialysis

- Remove suture from peritoneal dialysis catheter exit site during 1 week post procedure visit.
- Assess exit site and suture site for signs of infection—notify MD/PA of any abnormality
- For difficult fill or drain of dialysate, instruct patient to alter positioning, i.e. lean, stand, etc. To assist with difficult filling, raise the level of the dialysate bag; next apply pressure to dialysate bag. If difficulty continues then consult MD/PA for possible abdominal x-ray order.

Renal Biopsy

- Renal US within last 6 months
- Labs pre-procedure (day of): T&S, CBCP, PT, PTT, Renal panel
- Home meds: If on Plavix, ASA, Coumadin, Lovenox consult ordering physician. Take anti-hypertensives pre procedure
- Obtain baseline VS.
- Follow the Kidney Biopsy Blood Pressure Protocol
- CBC < 7 days