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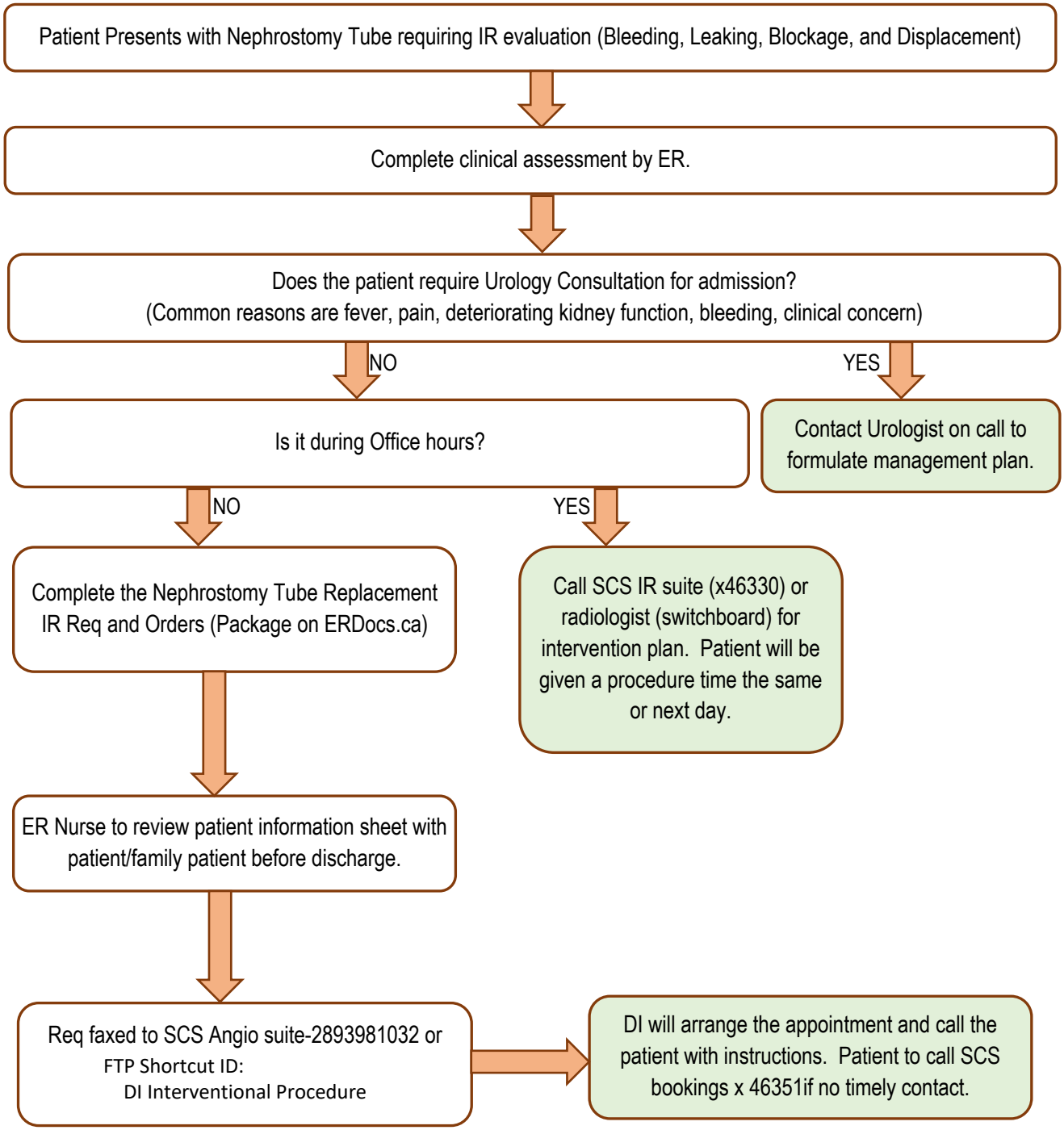
Nephrostomy Replacement ED Pathway



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INTERVENTIONAL RADIOLOGY REQUISITION

Depending on wait times, patients may be scheduled at any of our hospital sites in the Niagara region

PHONE: 905-378-4647
Ext: 46350 Fax: 905-323-7560

☐ OUTPATIENT
☐ INPATIENT
(ENTER O/E AND FTP THE COMPLETED REQ)
☐ OP PICC LINE

APPOINTMENT DATE/TIME/SITE: _____
DD / MM / YYYY HH : MM SITE

FTP Shortcut:
DI INTERVENTIONAL PROCEDURES

PATIENT INFORMATION (PLEASE PRINT)

PATIENTS LAST NAME

ADDRESS

MOBILE PHONE (PREFERRED CONTACT METHOD) | HOME PHONE

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OHCN/OHIP# | VERSION CODE | PATIENT WEIGHT | DATE OF BIRTH (DD/MM/YYYY) | GENDER

ORDERING PROVIDER INFORMATION

ORDERING PROVIDER NAME **(PLEASE PRINT)** | COPIES TO

PHONE NUMBER | URGENT RESULTS CONTACT #

SIGNATURE | FAX NUMBER

DISCUSSED WITH RADIOLOGIST: ☐ YES ☐ NO | NAME OF RADIOLOGIST

EXAM REQUESTED:

(ALL INTERVENTIONAL RADIOLOGY PROCEDURES INCLUDING CT BIOPSY AND US BIOPSY – US BREAST, US THYROID AND US SMALL PARTS EXCLUDED. PLEASE SPECIFY LYMPHOMA PROTOCOLS, AFB, FUNGAL CULTURE)

CLINICAL INFORMATION / RELEVANT HISTORY: (INCLUDE SPECIFIC QUESTIONS TO BE ANSWERED)

PLEASE ANSWER THE FOLLOWING:

KNOWN RENAL DISEASE? ☐ YES ☐ NO

KNOWN DIABETES? ☐ YES ☐ NO

KNOWN CONTRAST ALLERGY? ☐ YES ☐ NO

ANTICOAGULANT OR ANTIPLATELET? ☐ YES ☐ NO

KNOWN HYPERTENSION? ☐ YES ☐ NO

CAN PATIENT SIGN CONSENT? ☐ YES ☐ NO

➔ **IF YES, PRE-MEDICATION PROVIDED?** ☐ YES ☐ NO

➔ **IF YES, SPECIFY:** _____

RELEVANT TESTS ALREADY PERFORMED:

☐ CT ☐ ULTRASOUND ☐ XRAY ☐ ANGIO ☐ NUC MED ☐ MRI

DATE(S): _____ LOCATION(S): _____

OFFICE USE ONLY

APPROVED BY INTERVENTIONAL RADIOLOGIST? ☐ YES ☐ NO **APPROVED BY:** _____

PLEASE PROVIDE COMMENTS: _____

PRIORITY: ☐ ROUTINE ☐ URGENT **MODALITY:** ☐ US ☐ CT ☐ IVR ☐ IR2

PRE-MEDICATION REQUIRED? ☐ YES ☐ NO **PERFORMING DR:** ☐ IR ☐ OTHER RAD

RECOVER BED REQUIRED? ☐ YES ☐ NO **PROTOCOL #:** _____

TECH NOTES ☐ FTP TO IVR SCS ☐ IP UNIT NOTIFIED ☐ SENT TO MSK TECH NAME: _____

EXAM TO BE PERFORMED AT: ☐ SCS ☐ NFS ☐ WS ☐ MSK RADIOLOGIST: (PRINT NAME) _____

PLEASE NOTE: INCOMPLETE REQUISITIONS WILL BE RETURNED/FAXED BACK WITHOUT AN APPOINTMENT

Version 2: OCT2025

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Nephrostomy Replacement ED/DI Patient Information Sheet

Appointment Date and Time _____
(if given by Interventional Radiologist)

The Emergency Department (ED) has referred you to have your nephrostomy tube evaluated and possibly replaced. Please make sure that you read this sheet carefully before leaving the ED and have all your questions answered by the staff.

This is an outpatient procedure that will be booked for you within 1-2 business days by the Diagnostic Imaging Department:

1. The procedure will be done at the Diagnostic Imaging Department at the St Catharines Site in the next 1-2 business days. It is located at 1200 Fourth Street Louth, St Catharines, ON.
2. You will need to arrive ½ hour before your scheduled appointment for your nephrostomy replacement to register at the main registration at the hospital for the procedure. There is no specific preparation required.
3. If not given an appointment before leaving the ED today, make sure you call in the morning of the first upcoming business day to get your appointment. Dial the hospital number 905-378-4647 then ext. 46351
4. The ED has no control over the appointment. It is booked directly by the Radiology bookings office. It is very important that you call and make sure you get your appointment ASAP. There is no follow up arranged through the ED after the procedure.
5. Please make sure your urologist's office is aware of the events should you require further care and follow up.
6. If your symptoms are worsening, especially if you have fever or severe pain, feeling unwell or excessive bleeding, please call 911 to return to the ED for reassessment.

After your nephrostomy tube evaluated or replacement, make sure you maintain your follow-up with your regular doctors (e.g. urologist or oncologist) for further care.

Your family doctor is the best way to access medical care and acts as the central person in your overall healthcare. If you do not have a family doctor, we strongly advise you to get one. You can find help at www.niagaradocs.ca or by calling Healthcare Connect Ontario at 1-800-445- 1822. The city of St Catharines provides similar information on their website www.stcatharines.ca or by calling 905.359.6043.

Thank You

PLEASE GIVE TO THE PATIENT PRIOR TO DISCHARGE FROM ED