

# Glomerulonephritis

## Risk Factors

- Kidney infections
- Nephrotoxic drugs
- Immunocompromised system
- Systemic disease

## Diagnostics Studies/Labs

- UA
- 24h Creatinine Clearance
- CBC
- Renal function
- AZO titer to check recent strep infection

## Disease process defined

Inflammation of the glomeruli and of the small blood vessels (filter of the kidney) sometimes stemming from a strep infection

## Signs and Symptoms

- HADSTREP
- Hypertension
- ASO titer (+)
- Decreased GFR
- Swelling in the face/eyes
- Tea colored urine
- Recent strep infection
- Elevated BUN and Creatinine
- Proteinuria

## Nursing Interventions/Meds

- Daily weights + I&Os
- measure abdominal girth
- meds: antihypertensives, diuretics, corticosteroids
- avoid Nephrotoxic drugs: chemo, abx, NSAIDS, contrast dye
- low sodium diet, low to moderate protein, fluid restrictions

## Patient Teaching

- Explain the disease process
- Talk about meds
- Make sure to go to follow-up appointment
- Use infection precautions such as hand washing
- Rest

## **Renal Biopsy:**

**Define:** a procedure that obtains tissue for examination to determine type of kidney disease

**Contraindications:** single kidney, bleeding disorders, uncontrolled hypertension

**Risk:** hematuria, pain at biopsy site, prolonged bleeding or blood clots in urine, and perinephric hematoma and infection

### **Patient Teaching:**

- The pt needs to be on bed rest for the first 24 hours
- For the first 30-60 mins the pt will lie on the affected side to minimize bleeding
- Do not strain or lift anything heavy until cleared by HCP
- Drink fluids-unless contraindicated- to help flush out blood in the urinary tract
- Get medical help immediately if you have:
  - o Bright red blood or large clots in urine after 24 hours
  - o Severe flank pain
  - o Fever, chills, or signs of infection
- Avoid NSAIDs and aspirin for at least 1-2 weeks post op since these can increase bleeding risk

### **Pre-op:**

- Type and cross match pt for blood
- Make sure pt has signed consent and understands the procedure
- Assess coagulation status
- Check and make sure they are not on any meds that may interfere with the procedure (Warfarin)
- Review lab values in CBC, H&H, and clotting factors

### **Post-op:**

- Apply pressure dressing
- Keep pt on affected side for 30-60 mins, keeps pressure on area to decrease bleeding risk
- Bed rest for 24 hours
- VS Q5-10 minutes for the first hour- first set should be taken by nurse
- Assess for signs of bleeding or infection