**The Salvation Army – William Booth Special Care Home**

**Diagnostic Tests Policies and Procedures**

[Collection Of Urine Specimens For Routine Analysis 2](#_Toc1045506)

[Collection Of Midstream Urine Specimens 4](#_Toc1045507)

[Collection Of Urine Specimen From A Catheter 6](#_Toc1045508)

# Collection Of Urine Specimens For Routine Analysis

**POLICY:**

A physician’s order is required to collect a urine specimen for routine analysis.

A urinalysis involves checking the appearance, concentration and content of urine. Abnormal urinalysis results may point to a disease or illness.

The following procedure has been written to direct the collection of a urine specimen for **routine urine analysis.**

**EQUIPMENT:**

* Clean collection receptacle (bedpan / urinal / white collection receptacle if able to go to toilet)
* Wash cloth
* Basin of water with soap
* Sterile specimen container with lid (80ML)
	+ Specimen container to be labeled with pre-printed label (resident / client name; HSN; DOB; Physician name)
* Laboratory requisition form
* Gloves

**PROCEDURE:**

* HCW dons non-sterile gloves
* Cleanse the urinary opening with washcloth and soap & water
	+ Female - spread labia and clean from front to back
	+ Male – clean tip of the penis
* Have client urinate into clean collection receptacle.
* Pour approximately 60ML of urine into specimen container. Cover with lid. Avoid contamination on outside of container.
* Place container into plastic zip-lock bag
* Remove gloves. Perform hand hygiene
* Refrigerate specimen for laboratory pick-up (Balfour medication room specimen fridge).
* Document procedure in PCC progress note (color, odor, and quantity)

Source:

Gamma-Dynacare Medical Laboratories Urine for culture and susceptibility (2004) page 17

**Approval/Implementation/Evaluation Process**

Date Approved: July 7, 1998

Review date: September 26, 2016

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Collection Of Midstream Urine Specimens

**POLICY:**

A physician’s order is required to collect a midstream urine specimen.

A urine culture should always be obtained to confirm a diagnosis of UTI whenever signs and symptoms suggestive of a UTI are present. In addition to providing confirmation of diagnosis, a urine culture will identify the causative organism and provide information for the appropriate selection of an antibiotic.

The following procedure has been written to direct the collection of a midstream (clean-voided) urine specimen for **culture and susceptibility (C&S)**.

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| **NOTE:**In the midstream (clean-voided) method, the goal is to catch the urine in “Midstream”.  |

**EQUIPMENT:**

* Clean collection receptacle (bedpan / urinal / white collection receptacle if able to go to toilet)
* Wash cloth
* Basin of water with soap
* Sterile specimen container with lid (80ML)
* Sterile urine culture container with lid
	+ Specimen container to be labeled with pre-printed label (resident / client name; HSN; DOB; Physician name)
* Laboratory requisition form
* Gloves

**PROCEDURE:**

* HCW dons non-sterile gloves
* Cleanse the urinary opening with washcloth and soap & water
	+ Female - spread labia and clean from front to back
	+ Male – clean tip of the penis
* Have client urinate a small amount of urine into clean collection receptacle.
* Holding the sterile specimen container under the client, collect the next sample of urine excreted into the sterile specimen container
* Pour the urine collected into the sterile urine culture and urinalysis container. Cover with lid. Avoid contamination on outside of container.
* Place container into plastic zip-lock bag
* Remove gloves. Perform hand hygiene
* Refrigerate specimen for laboratory pick-up (Balfour medication room specimen fridge).
* Document procedure in PCC progress note (color, odor, and quantity)

Source:

Gamma-Dynacare Medical Laboratories Urine for culture and susceptibility (2004) page 17

**Approval/Implementation/Evaluation Process**

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# Collection Of Urine Specimen From A Catheter

**POLICY:**

A physician’s order is required to collect a urine specimen.

The following procedure has been written to direct the collection of a urine specimen from a catheter.

For residents with an indwelling catheter that has been in place more than 14dyas, remove the existing catheter, and collect the urine specimen through the freshly placed catheter.

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| **NOTE:**Collection of a urine specimen from a catheter will be performed by the LPN / RN / RPN.   |

**EQUIPMENT:**

* Alcohol wipe
* Luer-lok syringe (10ML)
* Sterile urine culture container with lid
	+ Specimen container to be labeled with pre-printed label (resident / client name; HSN; DOB; Physician name)
* Laboratory requisition form
* Gloves

**PROCEDURE:**

* HCW dons non-sterile gloves
* Cleanse the catheter collection portal with alcohol swab
* Using luer-lok syringe, aspirate urine from the catheter collection portal
* Transfer urine into the sterile urine culture and urinalysis container. Cover with lid. Avoid contamination on outside of container.
* Place container into plastic zip-lock bag
* Remove gloves. Perform hand hygiene
* Refrigerate specimen for laboratory pick-up (Balfour medication room specimen fridge).
* Document procedure in PCC progress note (color, odor, and quantity)

Source:

Guidelines for the Prevention & Treatment of UTIs in Continuing Care Settings (2013)

**Approval/Implementation/Evaluation Process**

Date Approved: July 7, 1998

Review date: September 26, 2016

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_