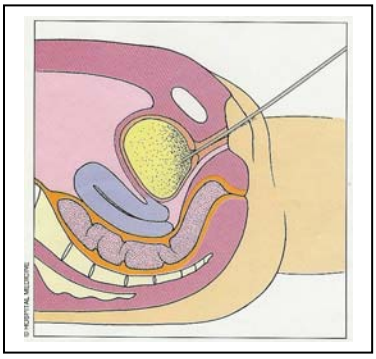
PURPOSE: The introduction of a drainage tube through the urethra into the bladder to obtain a urine specimen.

MAY BE IMPLEMENTED BY: RN, LPN



Pathophysiology / EBP: The urethra is colonized by a variety of bacterial flora, pushing the catheter through the urethra will clog the proximal opening with epithethial cells and bacteria. Therefore the contaminated initial stream (first void) of urine must be discarded and a "mid void" urine specimen collected. This is accomplished by using a red rubber straight cath collection kit (sterile antiseptic pads, drapes, red rubber catheter, waste receptacle and a sterile screw top collection container).

*__Do not use__ a **Fem cath or Quik cath kit** as it is designed to collect only the first void urine which is always contaminated with urethral flora. Please note that this device is not labeled for use to collect urine for culture.

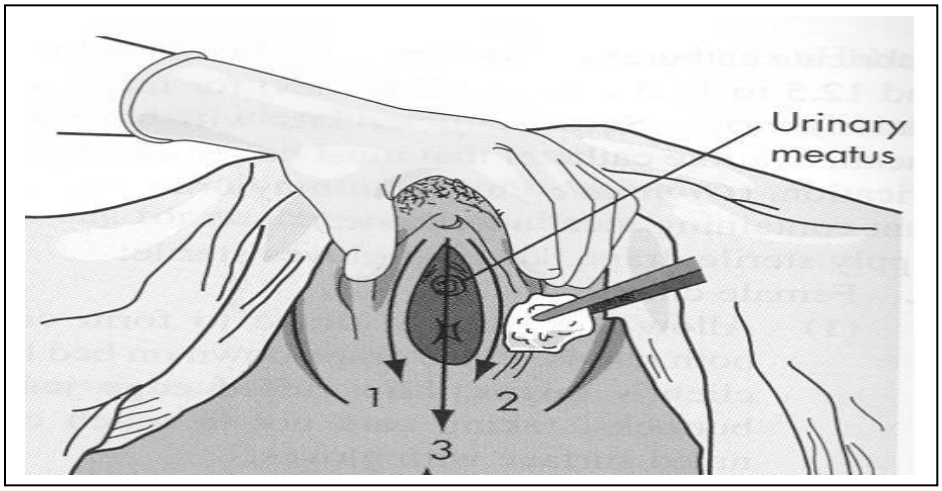
POLICY:
1. If **allergic to latex,** call 4-4111 to speak to CSR to get a **latex free** catheter.
2. If patient is **allergic to povidone - iodine, use Dynahex Soap.**

EQUIPMENT/SUPPLIES:
1. Personal protective equipment (PPE) as appropriate.
2. Red rubber straight cath kit **without** pre-attached bag.

PREPARATION AND INSTRUCTION:
1. Use Standard Precautions, see Infection Control manual.
2. Explain procedure to patient and/or family.

PROCEDURE:
1. Gather equipment.
2. Perform hand hygiene.
3. Position and drape patient.
4. Open package and use the inside of package as your sterile field.
5. Don sterile gloves.
6. Open lubricant and lubricate catheter.
7. Open povidone - iodine packet and pour over cotton swabs; if patient allergic to povidone – iodine, use Dynahex soap (obtain from CSR).
8. **Females**: With one gloved hand, spread labia, and with the other sterile gloved hand, use forceps to pick up povidone - iodine soaked cotton swabs, cleanse vaginal and perineum area thoroughly from front to back, (clitoris to anus). Using a new cotton

swab for each area, wipe along the far labial fold (1), then the near labial fold (2), and lastly directly over the center of the urethral meatus (3) (see illustration below).



Reference: Perry and Potter 7th Edition, 2010

9. **Males**: Grasp penis at shaft at a 90 degree angle. If client is not circumcised, retract foreskin with gloved, nondominant hand. Grasp penis at shaft just below glans. Retract urethral meatus between thumb and forefinger. With the sterile gloved dominant hand, use forceps to pick up povidone - iodine soaked cotton swabs, cleanse the penis urethra in a circular motion down to base of glans. Repeat cleansing three more times, using clean cotton swab each time.
10. Pick up the lubricated catheter and insert into meatus until urine returns.
11. **Allow for the first 15 – 30 ml of urine to flow into basin for waste. Collect a sample from the mid or later flow of urine by placing the sterile specimen cup under the stream of flowing urine.**
12. Set filled specimen cup aside, twist cover tightly to secure.
13. Empty rest of urine into waste basin and remove catheter.
14. Cleanse povidone - iodine from perineum, and put patient in a comfortable position.
15. Label syringe with patient label, date/time of collection and method of collection (straight cath)
16. Place specimen in biohazard bag (double bagged).
17. Wash hands.
18. Send urine specimen to the lab with requisition form within 15 minutes of collecting
19. Special Note:
    For Outpatient Clinics: if UA is needed and not performed on site, submit separate urine in sterile container without preservative and transport at 4°C.

DOCUMENTATION:

1. Document specimen obtained in Cerner via PAL or the “Urine Specimen Collection” AdHoc form. For Outpatient areas: use paper form titled “Urine Specimen Collection”
2. Patient’s tolerance of procedure and signs/symptoms of urinary problems.
3. Emergency Department: Document “Cath UA” next to UA order on physician chart.

Reference:

Nebraska Methodist Hospital Pathology – http://www.thepathologycenter.org/Education.asp

Dayan, P., Chamberlain, J., Boenning, D., Adirim, T., Schor, J., Klein, B., (2000). A comparison of the initial to the later stream urine in children catheterized to evaluate for a urinary tract infection. *Pediatric Emergency Care,* 16(2): 88-90.
Cornish, N., Washington, J., (1996*).* Laboratory diagnosis of UTI*. Hospital Medicine*, June supplement: 32-36.

Perry, A., and Potter, P., (2010). Clinical Nursing Skills and Techniques, 7th ed., Philadelphia, PA., Mosby Inc., pp 1073-1080..

2008 Infection Control and Hospital Epidemiology. Supplement article: SHEA/IDSA Practice Recommendation; *Strategies to Prevent Catheter Associated Urinary Tract Infections in Acute Care Hospitals*, October 2008, Vol. 29, Supplement 1.