



URINE SPECIMEN: OBTAINING FROM AN ILEAL CONDUIT AND/OR VESICOSTOMY PRACTICE GUIDELINE[®]

DOCUMENT SUMMARY/KEY POINTS

- Patients with urinary diversions (e.g. Ileal conduit or a vesicostomy) have a high risk of urinary tract infections.
- The procedure for obtaining a specimen of urine from an ileal conduit or a vesicostomy must be conducted using a surgical aseptic non touch technique (ANTT)

CHANGE SUMMARY

- New SCHN Document
- Replaces CHW document 0/C/06:8042-01:01 of same title.
- Changes in equipment list and procedure. Review entire procedure.

READ ACKNOWLEDGEMENT

- All nursing staff that cares for patients with an ileal conduit or vesicostomy is required to read and acknowledge they understand the contents of this document.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy Procedure and Guideline Committee	
Date Effective:	1 st July 2020	Review Period: 3 years
Team Leader:	CNC Spina Bifida	Area/Dept.: Kids Rehab

Rationale

- Urinary tract infection is a common complication associated with urinary diversions such as a vesicostomy and ileal conduit.
- Aim to obtain a sterile specimen of urine for culture and sensitivity so that appropriate antibiotic treatment, should that be necessary, can be determined.

Equipment

- Sterile Catheter Pack
- Sterile female disposable catheter (8FG-10FG)
- Clean designated gloves
- Pair of sterile gloves
- Sterile Gauze
- Water soluble lubricant
- Aqueous chlorhexidine 0.05%
- Sterile urine collection jar
- Goggles

Procedure

1. Explain procedure to patient.
2. Perform hand hygiene and use standard precautions.
3. Open equipment, and maintain sterility.
4. Remove ostomy bag if present and dispose per the institutional policy.
5. Perform hand hygiene.
6. Don clean designated gloves.
7. Cleanse the stoma with cleansing solution, using a circular motion from stoma opening outward
8. Blot the stoma with sterile gauze.
9. Remove gloves and wash hands with soap and water
10. Don sterile gloves
11. Maintaining surgical ANTT
12. Lubricate the catheter and place in a sterile kidney dish from the catheter pack and bring closer to patient
13. Gently insert the catheter tip no more than 5cm into the stoma, never force—if resistance is detected, rotate catheter until it slides in.

14. Hold catheter in position until urine begins to drip. Collect approximately 5 to 10 mL of urine before removing catheter. Collecting a sufficient amount of urine may take 5 to 15 minutes.
15. Clean and dry the stoma and surrounding skin.
16. Transfer urine into a sterile specimen container
17. Leave the child comfortable and reapply ostomy bag if required.
18. Discard equipment, remove gloves and perform hand hygiene
19. Document the appearance of the urine and the appearance of the stoma in the patient's progress notes.
20. Label the specimen container with patient's details, note date and time of collection and source of collection. (Ileal conduit, Vesicostomy).
21. Deliver the specimen to Pathology within 1 hour of collection, or if this is delayed keep specimen in the specimen only fridge.

References

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