

#53 - OBTAINING A SPECIMEN FROM INDWELLING CATHETER (Partner Check-Off)

I acknowledge I have physically practiced and successfully learned the following skill(s):

Student: _____ Date: _____

	P2	P3	TEST	Points/ Comments
1. Checked the specimen container labels and, when necessary, completed the lab requisition.				
2. Verified the health care provider's orders.				
3. Gathered the necessary equipment and supplies.				
4. Performed hand hygiene. Provided for the patient's privacy.				
5. Introduced self to the patient and family.				
6. Identified the patient using two identifiers. Compared the identifiers to the patient's records.				
7. Collected urine from an indwelling urinary catheter:				
a. Explained that a syringe would be used to remove the urine through the catheter port. Reassured the patient that he or she would experience no discomfort.				
a. Explained why the specimen could not be obtained from the drainage bag. Explained that the catheter would need to be clamped for 10 to 15 minutes before obtaining a urine specimen.				
b. Traced tubing or catheter from the patient to point of origin (1) before connecting or reconnecting any device or infusion, (2) at any transition (e.g., new setting), and (3) as part of the hand-off process.				
c. Applied clean gloves. Used a clamp or rubber band to clamp the drainage tubing below the urine sampling port for 10 to 15 minutes.				
d. Returned to the patient's room after 10 to 15 minutes. Performed hand hygiene and applied clean gloves.				
e. Positioned the patient so that the built-in catheter sampling port was easily accessible. Located the port where the catheter attached to the drainage bag tube. Cleaned the port for 15 seconds with a disinfectant swab. Allowed the port to dry.				
f. Attached a 20-mL needleless Luer-Lok syringe to the sampling port.				
g. Withdrew 20 mL of urine for a routine urinalysis or 3 mL of urine for a urine culture.				
h. Transferred the urine from the syringe into a clean urine container for routine studies or into a sterile container if a culture was ordered.				
i. Placed the lid tightly onto the container. In the presence of the				

<p>patient, labeled the specimen per the organization's practice. Securely attached the label to the urine specimen container, not the lid. Prepared the specimen for the lab per agency policy.</p>				
<p>j. Unclamped the catheter, and allowed the urine to flow into the drainage bag. Ensured that the urine flowed freely.</p>				
<p>8. Disposed of used supplies and equipment.</p>				
<p>9. Prepared the specimen for transport. Sent the specimen and the completed requisition form to the laboratory within 30 minutes. Refrigerated the specimen when a delay in delivery was unavoidable. Refrigerated the specimen for no more than 2 hours. a. Placed the labeled specimen in a biohazard bag. b. If the specimen required ice for transport, placed the specimen in a biohazard bag then placed the bag with the specimen into a second biohazard bag filled with ice slurry</p>				
<p>10. Helped the patient into a comfortable position, and placed toiletries and personal items within reach.</p>				
<p>11. Placed the call light within easy reach, and made sure the patient knew how to use it to summon assistance.</p>				
<p>12. Raised the appropriate number of side rails, and lowered the bed to the lowest position, Ensured bed brakes were locked</p>				
<p>13. Removed and disposed of gloves. Performed hand hygiene.</p>				
<p>14. Reviewed the patient's test results and reported any significant abnormalities to the health care provider.</p>				

S = Satisfactory **U** = Unsatisfactory **NP** = Not Performed *****=Must Perform to Pass

By signing below I acknowledge that I witnessed the skill performed and the student successfully passed the skill.

Practice 1: Evaluator: _____ Signature: _____

Practice 2: Evaluator: _____ Signature: _____

FINAL Student Evaluator: _____ Signature: _____

LABORATORY REQUEST – INPATIENT			Sample # _____
ORDERING MD: _____		ORDER INFO DATE _____ TIME _____ BY _____	ORDERED IN LIS BY: _____
		TO BE DONE _____	COLLECTED BY _____ TIME _____
		INSTRUCTIONS _____	DATE/TIME RECEIVED _____
		ROOM NO. _____	<input type="checkbox"/> TECH CALLBACK CHARGE
		FASTING <input type="checkbox"/> YES <input type="checkbox"/> NO	
HEMATOLOGY/COAGULATION	URINALYSIS/URINE CHEMISTRY	PANELS & CONVENIENCE PROFILES	
261 <input type="checkbox"/> CBC 1 <input type="checkbox"/> CBC W/DIFFERENTIAL 54 <input type="checkbox"/> HEMATOCRIT 71 <input type="checkbox"/> PLATELET COUNT 78 <input type="checkbox"/> RETIC COUNT 194 <input type="checkbox"/> SED RATE (ESR) 41 <input type="checkbox"/> PROTIME 42 <input type="checkbox"/> APTT 95 <input type="checkbox"/> FIBRINOGEN 89 <input type="checkbox"/> D-DIMER 92 <input type="checkbox"/> BLEEDING TIME <input type="checkbox"/>	5 <input type="checkbox"/> URINALYSIS, COMPLETE 423 <input type="checkbox"/> URINALYSIS, CHEM ONLY 14 <input type="checkbox"/> CREATININE CLEARANCE 570 <input type="checkbox"/> MICROALBUMIN SCREEN 331 <input type="checkbox"/> URINE AMYLASE _____ HR 404 <input type="checkbox"/> URINE CALCIUM 24 HR 476 <input type="checkbox"/> URINE GLUCOSE 24 HR 415 <input type="checkbox"/> URINE PHOSPHOROUS 24 HR 346 <input type="checkbox"/> URINE PROTEIN 24 HR 49 <input type="checkbox"/> URINE SOD/POT 24 HR ³²⁹ ³³⁰ <input type="checkbox"/> URINE SOD/POT, RANDOM 12 <input type="checkbox"/> URINE URIC ACID 24 HR	7 <input type="checkbox"/> ARTHRITIS PROFILE F3 <input type="checkbox"/> BASIC METABOLIC PANEL (BMP) 2 <input type="checkbox"/> CARDIAC ENZYME PROFILE F2 <input type="checkbox"/> COMPREHENSIVE METABOLIC PROFILE (CMP) F1 <input type="checkbox"/> ELECTROLYTE PANEL F4 <input type="checkbox"/> HEPATIC FUNCTION PANEL + GGT F7 <input type="checkbox"/> LIPID PANEL 10 <input type="checkbox"/> METABOLIC 10 PROFILE 4 <input type="checkbox"/> PRENATAL PROFILE WITHOUT RUBELLA 9 <input type="checkbox"/> PRENATAL PROFILE WITH RUBELLA 13 <input type="checkbox"/> RENAL FUNCTION PANEL 15 <input type="checkbox"/> THYROID PROFILE (TSH + FT4)	
BLOOD BANK	INDIVIDUAL CHEMISTRIES	THERAPEUTIC/TOXIC DRUGS	IMMUNOLOGY & PREGNANCY
47 <input type="checkbox"/> TYPE & Rh 595 <input type="checkbox"/> ANTIBODY SCREEN 228 <input type="checkbox"/> DIRECT COOMBS (DAT) 322 <input type="checkbox"/> CROSSMATCH x _____ 522 <input type="checkbox"/> AUTOLOGOUS x _____ 722 <input type="checkbox"/> FRESH FR PLASMA x _____ 2 <input type="checkbox"/> PLATELETHERESIS x _____ 822 <input type="checkbox"/> CRYOPRECIPITATE x _____ 380 <input type="checkbox"/> RhoGAM IF INDICATED	113 <input type="checkbox"/> ALBUMIN 122 <input type="checkbox"/> ALK PHOSPHATASE 125 <input type="checkbox"/> ALT (SGPT) 205 <input type="checkbox"/> AMYLASE 124 <input type="checkbox"/> AST (SGOT) 119 <input type="checkbox"/> BILIRUBIN, TOTAL 120 <input type="checkbox"/> BILIRUBIN, DIRECT 101 <input type="checkbox"/> BUN 114 <input type="checkbox"/> CALCIUM 104 <input type="checkbox"/> CHLORIDE 115 <input type="checkbox"/> CHOLESTEROL 105 <input type="checkbox"/> CARBON DIOXIDE (CO2) 127 <input type="checkbox"/> CK (CPK), TOTAL 109 <input type="checkbox"/> CREATININE 300 <input type="checkbox"/> FERRITIN 168 <input type="checkbox"/> FT4 (FREE T4) 130 <input type="checkbox"/> GGT 108 <input type="checkbox"/> GLUCOSE 18 <input type="checkbox"/> GLUCOSE TOL _____ HRS 311 <input type="checkbox"/> GLYCOHEMOGLOBIN 999 <input type="checkbox"/> IRON 314 <input type="checkbox"/> LACTIC ACID 123 <input type="checkbox"/> LD (LDH) 237 <input type="checkbox"/> MAGNESIUM 189 <input type="checkbox"/> PHOSPHOROUS 103 <input type="checkbox"/> POTASSIUM 631 <input type="checkbox"/> PREALBUMIN 112 <input type="checkbox"/> PROTEIN, TOTAL 1008 <input type="checkbox"/> PSA (PROSTATIC SP ANT) 102 <input type="checkbox"/> SODIUM 126 <input type="checkbox"/> TRIGLYCERIDES 510 <input type="checkbox"/> TROPONIN I (COMPLEXED) 164 <input type="checkbox"/> TSH (THYR STIM HOR) 118 <input type="checkbox"/> URIC ACID	DOSE TIME: 258 <input type="checkbox"/> ACETAMINOPHEN 199 <input type="checkbox"/> CARBAMAZEPINE (TEGRETOL) 499 <input type="checkbox"/> DIGOXIN 203 <input type="checkbox"/> ETHANOL (Blood Alcohol) 234 <input type="checkbox"/> GENTAMICIN, RANDOM 501 <input type="checkbox"/> GENTAMICIN, TROUGH 589 <input type="checkbox"/> GENTAMICIN, PEAK 317 <input type="checkbox"/> LITHIUM 335 <input type="checkbox"/> PHENOBARBITAL 227 <input type="checkbox"/> PHENYTOIN (DILANTIN) 248 <input type="checkbox"/> SALICYLATE 355 <input type="checkbox"/> THEOPHYLLINE 323 <input type="checkbox"/> VALPROIC ACID (DEPAKENE) 511 <input type="checkbox"/> VANCOMYCIN, RANDOM 326 <input type="checkbox"/> VANCOMYCIN, TROUGH 327 <input type="checkbox"/> VANCOMYCIN, PEAK 378 <input type="checkbox"/> TRIAGE (STAT URINE TOXIC SCREEN ONLY)	209 <input type="checkbox"/> ASO 235 <input type="checkbox"/> MONO SCREEN 242 <input type="checkbox"/> PREGNANCY, HCG, QUAL 96 <input type="checkbox"/> PREGNANCY, BHCG, QUAN 244 <input type="checkbox"/> RA (RHEUMATOID FACT) 246 <input type="checkbox"/> RPR 341 <input type="checkbox"/> RUBELLA BODY FLUIDS SPINAL FLUID (CSF) 343 <input type="checkbox"/> CELL COUNT W/DIFF 312 <input type="checkbox"/> CHLORIDE 107 <input type="checkbox"/> GLUCOSE 585 <input type="checkbox"/> PROTEIN, TOTAL OTHER FLUID _____ 550 <input type="checkbox"/> AMNIOTIC FLUID PG 813 <input type="checkbox"/> AMYLASE 343 <input type="checkbox"/> CELL COUNT W/DIFF 153 <input type="checkbox"/> CRYSTALS 506 <input type="checkbox"/> GLUCOSE 809 <input type="checkbox"/> LDH 17 <input type="checkbox"/> pH 151 <input type="checkbox"/> PROTEIN, TOTAL 811 <input type="checkbox"/> URIC ACID
MICROBIOLOGY		NON LISTED TESTS	
SPECIMEN SOURCE: 99 <input type="checkbox"/> STREP SCREEN 558 <input type="checkbox"/> GRAM STAIN 131 <input type="checkbox"/> C. DIFFICILE TOXIN A 217 <input type="checkbox"/> CHLAMYDIA EIA SCREEN 692 <input type="checkbox"/> CULTURE, BLOOD 694 <input type="checkbox"/> CULTURE, GC 681 <input type="checkbox"/> CULTURE, SPUTUM 693 <input type="checkbox"/> CULTURE, STOOL 683 <input type="checkbox"/> CULTURE, STREP B 682 <input type="checkbox"/> CULTURE, THROAT/NP 680 <input type="checkbox"/> CULTURE, URINE 690 <input type="checkbox"/> CULTURE, OTHER—LIST SOURCE 450 <input type="checkbox"/> EOSINOPHIL SMEAR 449 <input type="checkbox"/> H. PYLORI ANTIBODY 686 <input type="checkbox"/> KOH/FUNGUS/WET MT 238 <input type="checkbox"/> OCCULT BLOOD 390 <input type="checkbox"/> RESP SYN VIRUS (RSV) 229 <input type="checkbox"/> STOOL WET MOUNT		<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

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