#### **OBTAINING A URINE SAMPLE**

# Residents **with** Urinary Catheters: Sampling & Changing



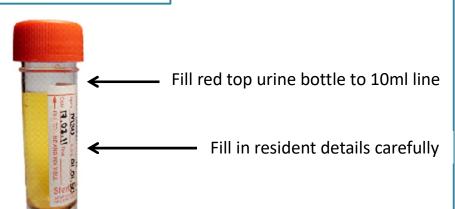
## **For Nursing Residents:**

- Registered Nurse only to take catheter urine sample via the sampling port, using aseptic non-touch technique, in line with infection prevention guidelines.
- If antibiotics are commenced for a urinary tract infection, catheter change should be performed by a Registered Nurse about 3 days after the antibiotic is started to minimise trauma when removing the catheter. If, however it is suspected that the cause of the infection is due to the catheter, the catheter should be changed without delay.

#### For Residential Residents:

- **Contact District Nursing Team** to arrange for a sample to be taken.
- If antibiotics are commenced for a urinary tract infection, catheter change should be arranged with District Nurses as soon as possible.

A boric acid specimen container (Red Top) should be used for urine samples. (If there is any delay in sending the sample to the laboratory the boric acid preserves urine sample, thus reducing false positive cultures).



# Residents without a Urinary Catheter: **Obtaining a Urine Sample**



Try to obtain a urine sample when the resident is in the middle of passing urine (rather than at the start).

to guide antibiotic choice.

Transfer the urine in a Red Top urine bottle, filling to the 10ml line\*.

\*If there is not enough urine to fill to 10ml line, then use a white top specimen container instead and take the sample to the GP practice as soon as possible, ideally within 2 hours, if there is a delay, the specimen container should be put in a sealed plastic bag and refrigerated. The refrigerated sample should be taken as soon as possible to the GP practice.

- Fill in the resident's details and type of sample clearly to help the lab when processing the sample.
- Samples should be taken to the GP practice as soon as possible.

### Older People >65 years with Suspected Urine Infection (UTI) - UTI Assessment Tool - Guidance for Care Home staff

	Please circle: pleting form Time of day EPSIS particularly othermia, tachyo	y, change in cardia, shortness of breath/	Any sympton alternative di Increased breathles Diarrhoea and vomi A new warm area of ticks  Dies the person have a company to the pe	iagnosis? sness or new cou iting f skin		If any guida	nlikely ek nce as priate <sup>ii</sup>
3 NEW problem	Tick if present	1 or more ticks	2	or more ticks	3	NEW problem	Tick if present
Inappropriate shivering / chills or High or low temperature >38°C <36°C <b>Document temperature</b> °C  New lower back pain		UTI possible – Action DO NOT PERFORM UTION COntact telemedicine (if avalready done) or Emailicon Practice and phone to check	JRINE DIPSTICK railable and not npleted form to GP	Date and Time whaction completed	Need new c	to passing urine to pass urine urgently or or worse incontinence to pass urine more than	
New or worsening confusion or agitation		Obtain AND Send Midstrea Urine (MSU) particularly if ≥ 2 signs of infection (espection) Temp>38°C or new inconting	treatment failure or cially dysuria,		butto	n area between belly n and pubic hair e blood in urine	
		If the resident has a catheter, remove the catheter without delay if it is suspected that the cause of the infection is due to the catheter.			or Hig >38 °C <b>Docu</b> i	ropriate shivering /chills gh or low temperature C < 36°C ment temperature °C	
No ticks  Email securely either:  1. From sare home's physical account to GR surgery's		Seek guidance as	<b>nlikely</b> s appropriate <sup>ii</sup>	Fewer than	2 ticks New I	ower back pain or worsening confusion tation	

From care home's nhs.net account to GP surgery's nhs.net account or

<sup>2.</sup> Arrange for secure transfer of document by calling GP to send secure link i.e. email with [secure] in subject line

<sup>&</sup>quot;If concerned about resident, please seek guidance from telemedicine (if available), NHS 111, GP or Rapid response (07768376832)



### PROVIDING GOOD HYDRATION

- 1. Resident's food and drink preferences should be established and communicated to all staff. Ensure the care plan outlines these.
- 2. Normalise regular drinking, offer drinks regularly at every contact you have with the resident.
- 3. Introduce extra drink rounds between breakfast and lunch, also between lunch and supper as social drinking activity on top of the usual rounds.
- 4. Drinks should be freely available at all times and within easy reach and sight e.g. water coolers.
- 5. Encouraging the residents to drink a full cup of water/ squash at medication rounds.
- 6. Identify residents who need assistance or prompting to drink and reassess weekly or when circumstances change.
- 7. Use appropriate aids which can-help promote independence.
- 8. Some patients will need gentle prompting using different phrasing e.g. not 'would you like' instead try 'I have made you'
- 9. Identify patients who are at risk of dehydration and know when to start a fluid intake chart/contact GP.
- 10. Reassess needs regularly.

### **A FEW TIPS**

- ➤ Having a readily available wide range of drinks at the right temperature
- > Reassure an individual that carers and staff have time to help them drink.
- ➤ High fluid foods all contribute valuable fluid

  Fruit: including apples, blueberries, cranberries, grapefruit, melon oranges, pears, pineapple, plums, raspberries and watermelon

  Vegetables: include cucumber, carrots, celery, tomatoes, lettuce, and squash
- ➤ Get creative with drinks... Fizzy versus flat water Ice cubes and straws Add flavouring for taste and colour Use a variety of drinking vessels and glasses
- ➢ If people show reluctance to drink because they are worried about incontinence, reassure them that help will be provided with going to the toilet.

### **IDEAS FOR HYDRATION BASED ACTIVITIES**

Mocktail Mondays-. Smoothie and mocktail making sessions varying the ingredients

each time.

**Teatime Tuesdays**- Formal social drinking events for example themed tea parties

using china crockery, picnics and celebration teas.

Watery WednesdaysTasting sessions on water based drinks such as different types of

teas, juices, squash, fruit teas or infusions.

Thirsty Thursdays- Making or tasting sessions for lollipops and milkshakes. Have a

film afternoon with ice lollies and ice creams.

Fruity Fridays - Fruit bowl tastings. Different coloured fruit jelly making in shaped

vessels making the jellies look like something else..

Theme the drinks trolley for the day with different coloured cups/ glasses/Jugs or drinks

Taken from the hydrate TOOLKIT developed through collaboration between Kent Surrey and Sussex Academic Health Science Network, Wessex Academic Health Science Network and NE Hants and Farnham CCG

Reproduced by Cherise Gyimah

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