HURON PERTH HEALTHCARE ALLIANCE

MEDICAL DIRECTIVE

Medical Directive	Urine Testing
Directive #	MD-ED-022 Old: AD-MED #4
Approval	Medical Advisory Committee
Date	December 7, 2017
Signature	
Review/Revision Date	Original Dec.1/06, R – Apr/17
Specific to	HPHA Emergency Departments

Description of Procedure:

- Collect a midstream urine specimen in a urine culture container.
- Send urine for R&M to be tested by lab staff during working hours at all sites and tested by the ED nurse at Clinton, Seaforth and St. Marys sites using their point of care urine testing when the lab is closed.
- If the results of the urine for R&M are positive notify the physician to inquire if the urine is to be sent for C&S based upon the patient's symptoms.
- Consult with the physician to order and send urine for C&S.
- Urines in culture containers are kept in the lab for 24 hours or temperature monitored ED refrigerator at Clinton, Seaforth and St. Marys sites and sent to the lab within 24 hours if needed for C&S testing.
- This medical directive applies to adult and paediatric populations.

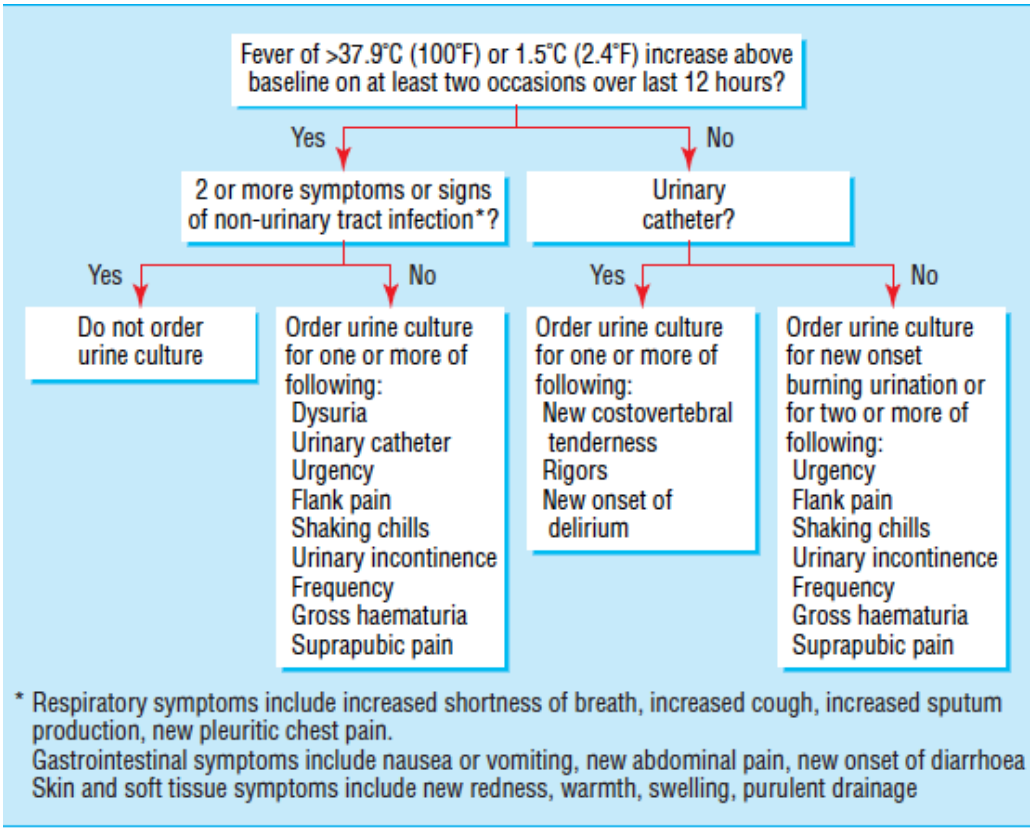
NOTE: Urine for Chlamydia or Gonococcus is not a mid-stream collection but a first-catch urine of approximately 20-30 ml of the initial urine stream. The patient should not have urinated for at least 1 hour and NO cleansing of the labia or distal penis prior to voiding.

Authorized To:

- Designated to RN/RPN who have completed an educational component specific to that particular medical directive to be eligible to implement the directive.

Specific Patient Conditions:

- Patients presenting in the ED department with trauma and/or specific complaints of flank pain, abdominal pain, back pain, pelvic pain, genito-urinary symptoms or fever of unknown origin.
- Pregnant females past the first trimester who present with edema, headache or elevated BP will have urine specimen obtained for R&M to determine protein content.
- Decision tool for when to send urinalysis/culture:



Contraindications:

- Lack of consent from patient/parent/guardian.

Reasons to seek immediate medical consultation or discontinue procedure/ treatment/intervention:

- CTAS 1 & 2 patients if it delays their treatment

Documentation:

- Implementation of the Medical Directive including name and number of the directive, name, signature and credentials of the implementer and name of the attending physician in the order section of the ED chart
- Subjective and objective assessment

- Time of urine collection and results of testing
- Documentation that sample has been sent to Lab for further testing

Quality Assurance

- The Medical Program Director, Emergency Medicine will approve the education component of the Medical Directive
- The ED RN/RPN will have successfully completed an annual Point of Care Training to be eligible to implement the directive
- The ED RN/RPN will demonstrate competence in the Medical Directive prior to initiating
- The ED RN/RPN will initiate diagnostic laboratory studies as outlined in the Medical Directive
- The ED RN/RPN will consult with a physician when there is uncertainty as to whether or not a laboratory study should be initiated
- An annual review will be conducted at the discretion of the HPHA Emergency Care Team to review the appropriateness of the Medical Directive

Originator	HPHA Emergency Department Team Leaders
Current Review/Revision	HPHA Clinical Educator
Responsibility	HPHA Emergency Care Team
Distribution	HPHA Emergency Department Manuals HPHA My Alliance ED Medical Directives

Reference(s):

ENA, 2007. Emergency Nursing Core Curriculum Sixth Edition, Saunders, Philadelphia, P.A.

Kirenko, Willi (1999). Chatham Kent Health Alliance Emergency Department, Implementation Guidelines, Operating Plans and Medical

Sellers, Ted, (2005). Lakeridge Health Corporation.

Trish Blancher (2005). Woodstock General Hospital Medical Directive

Loeb et al. BMJ 2005 Sept 24; 331 (7518): 669