COLLECTION OF CATHETER SPECIMEN OF URINE (CSU)

1. OPTIMAL OUTCOMES
   • To collect a valid and uncontaminated specimen of urine from an in-dwelling catheter or supra-pubic catheter

2. PATIENT
   • Any woman with an indwelling urinary catheter or supra-pubic catheter that requires a urine specimen for urinalysis, or pathology such as Microscopy, Culture and Sensitivity or other specified test

3. STAFF
   • Medical Officer
   • Registered Nurse
   • Registered Midwife
   • Enrolled Nurse

4. EQUIPMENT
   • Non-sterile gloves
   • Alcohol swabs x 2
   • 20 ml syringe
   • Urinalysis indicator strip
   • 21 gauge blunt cannula
   • Catheter clamp (if required)
   • Yellow top sterile specimen jar
   • Patient addressograph label, request form, plastic biohazard bag

5. CLINICAL PRACTICE
   • Explain procedure and rationale to patient and obtain verbal consent
   • Check to ensure that the catheter in situ has a rubber port for specimen collection
   • Organise equipment
   • Screen patient for privacy
   • Perform hand hygiene (Moment 1)
   • Clamp catheter below latex rubber and allow time for urine to collect (at least 20 minutes).
   • Perform hand hygiene (Moment 2) and don non sterile gloves
   • Assemble sterile needle and syringe
   • Swab latex rubber port on catheter tubing with alcohol wipe and allow to dry for 30 seconds
   • Insert needle carefully into port and withdraw 20 mls of urine
   • Transfer most of urine into sterile specimen jar (taking care not to contaminate jar)
   • Transfer remaining urine onto urinalysis indicator strip
   • Dispose of sharp in sharps container
   • Unclamp catheter
   • Dispose of other equipment appropriately
   • Remove gloves and perform Hand Hygiene (moment 3)
   • Attach patient addressograph label to specimen jar and add time, date and specimen
   • Place specimen in biohazard bag and with request form send to pathology without delay (as indicated by positive urinalysis)
   • Document CSU on patient's fluid balance chart and in their Integrated Notes. Document Urinalysis findings in the integrated notes.
COLLECTION OF CATHETER SPECIMEN OF URINE (CSU)  cont’d

6. HAZARDS/SUB-OPTIMAL OUTCOMES
   • The urine specimen is contaminated leading to false positive and inaccurate results
   • The patient is exposed to risk of bacteria being introduced into urinary drainage system
   • CSU sent without urinalysis investigation

7. DOCUMENTATION
   • NSW Health fluid balance chart
   • eMR/SEALS Pathology Form
   • Integrated clinical notes
   • clinical pathway

8. EDUCATIONAL NOTES
   • The BD Bonanno SPC comes with a catheter clamp insitu which may be used as a clamp for CSU collection
   • A ‘flip-flow’ valve may be used instead of a clamp if already insitu on an SPC or IDC
   • If no clamp is already insitu, a catheter clamp should be used as this is an external clamp and does not ‘break’ the closed catheter system
   • Obtaining a CSU from the urine drainage bag or hourly collection chamber will yield an inaccurate result, contamination, with a possible false positive bacteria level
   • M, C & S of urine is usually unwarranted if the urinalysis is normal.

9. RELATED POLICIES/ PROCEDURES/CLINICAL PRACTICE GUIDELINES
   • Infection Control Commitment PD010
   • RHW Infection Control Policy
   • Hand and Wrist Jewellery and fingernail Enhancement PD 182
   • Hand Hygiene and hand care PD183
   • DOH Hand Hygiene Policy PD2010_058
   • DOH Infection Control Policy PD2007_36
   • SESIAHS Area Infection Control Manual
   • Suprapubic catheter (SPC) care and Clamp & release regime

10. REFERENCES
    • HICPAC 2009 Guidelines for prevention of catheter-associated urinary tract infections Gould et al Department of Health and Human Services, USA
    • Royal College of Nursing 2008 Catheter Care RCN guidance for Nurses Royal College of Nursing, London, UK