

# Fresh Fractional Urine Specimen

Level III

## Purpose

The purpose of this procedure is to provide guidelines for the collection of a fresh fractional urine specimen.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## General Guidelines

1. Collect the fresh fractional urine specimen at the exact time it is ordered. (**Note:** Normally, these specimens are collected one-half hour before meal times and at bedtime.)
2. The label must be printed clearly so that it is easy to read.
3. The label must be attached to the specimen container after the specimen has been collected, not before.
4. Record the date and time you obtained the specimen on the label.
5. Fresh fractional urine specimens (collecting small amounts of fresh urine) are primarily used for conducting diabetic testing for glucose and ketones.
6. A fresh urine specimen will be needed for each time the tests are conducted.
7. Because the urine must be fresh, the resident must be instructed to urinate at least one-half hour before collecting the fresh urine. If the resident is on intake and output, the urine must be measured and recorded on the resident's intake and output record.
8. If the resident cannot void again at the time you need to collect the fresh urine specimen (thirty minutes before meal time and bedtime), inform the staff/charge nurse.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Bedpan or urinal (with cover);
2. Graduate (measuring container);
3. Urine specimen container (with lid);
4. Label;
5. Pen/Pencil;
6. Paper towels; and
7. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Wash your hands thoroughly before beginning the procedure.
2. Place the equipment on the bedside stand or overbed table. Arrange the supplies so that they can be easily reached.
3. If the resident is able, allow him/her to collect the specimen.
4. Instruct the resident to urinate in the bedpan, urinal or specimen. (**Note:** If this is the first voiding, it cannot be used as the fresh urine specimen. Take this urine into the bathroom. If the resident is on intake and output, measure the urine and record this data on the intake and output record. Pour the urine down the commode. Flush the commode. Rinse the bedpan or urinal and take it back to the bedside.) Have the resident urinate again in about 30 minutes.

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**Steps in the Procedure (continued)**

5. Instruct the resident not to put any toilet tissue into the bedpan, urinal or specipan. (**Note:** If the resident wishes to use toilet tissue, instruct the resident to discard the used tissue into the trash receptacle beside the bed.)
6. Prepare the label for the container. Record the resident's name, room number, date and time.
7. Once the resident has finished using the bedpan, urinal or specipan take the container into the resident's bathroom.
8. Pour the urine into the measuring container (graduate).
9. If the resident is on output, record the amount on the intake and output sheet.
10. Pour the specified amount of urine from the measuring container into the specimen container.
11. Place the lid securely on the specimen container.
12. Place the label on the container.
13. Pour the remaining urine into the commode. Flush the commode.
14. Rinse the bedpan, urinal or specipan. Store in designated area.
15. Rinse the measuring cup.
16. Check to see if the resident needs any assistance in cleaning himself or herself. Assist as necessary.
17. Allow the resident to wash his/her hands.
18. Remove gloves. Discard into the designated container. Wash and dry your hands thoroughly.
19. Reposition the bed covers. Make the resident comfortable.
20. Place the call light within easy reach of the resident.
21. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
22. Take the urine specimen to the soiled utility room for testing.
23. Wash and dry your hands thoroughly.

**Documentation**

The following information should be recorded in the resident's medical record:

1. The date and time that the specimen was collected.
2. The name and title of the individual(s) who performed the procedure.
3. The character, clarity and color of urine.
4. All assessment data obtained during the procedure.
5. How the resident tolerated the procedure.
6. If the resident refused the procedure, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

**Reporting**

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

<b>References</b>	
<b>MDS (RAPs)</b>	n/a
<b>Survey Tag Numbers</b>	F502-F507
<b>Related Documents</b>	
<b>Risk of Exposure</b>	Blood–Body Fluids–Infectious Diseases–Air Contaminants–Hazardous Chemicals
<b>Procedure Revised</b>	Date: _____ By: _____ Date: _____ By: _____ Date: _____ By: _____ Date: _____ By: _____