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14.1 Ward Urine Test

AIM:

To observe and monitor renal function.

CRITERIA:

The following infants should have ward urine testing performed;

- Infants on TPN – 8/24 until blood sugar level stabilised and then daily.
- Infants on dexamethasone – daily.
- Hyperglycaemic infants – if PGL > 7mmol/L.
- Infants on Indomethicin therapy – daily.
- Asphyxiated infants – until urinary output is normalised.

REQUIREMENTS:

Cotton balls

Multistix

Clean sample of urine

Syringe

Gloves

KEY POINTS:

- If infant is on accurate urine measures, weigh cotton balls prior to ward urine test.

PROCEDURE	RATIONALE	COMPLICATION
Place cotton balls in nappy, or aspirate urine from urine bag.		
When infant has voided, remove uncontaminated urine balls and place them into a 10ml syringe.	Faecal matter may lead to inaccurate results.	False positives/negatives.
Plunge 10ml syringe and squeeze urine onto multistix.	To facilitate extraction of urine.	
Wait the required time and read the results.	To ensure accuracy of results.	False positives/negatives.

DOCUMENTATION:

The results should be documented on the observation chart. If abnormalities detected these should be documented in the progress notes.

REFERENCES:

1. Gomella, TL. (1999). Neonatology. London, Prentice Hall.

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DATE DEVELOPED:

Dec 2001.

REVIEW DATE:

Dec 2003.

14.2 Faeces for Occult Blood

AIM:

To detect faecal occult blood.

CRITERIA:

Testing faeces for occult blood is indicated in the following;

- Infants with blood stained aspirates.
- Evidence of gastrointestinal disorders.

REQUIREMENTS:

Faeces

Spatula

Haemotest

Filter paper

Water for injection (distilled water)

Dropper

Gloves

PROCEDURE	RATIONALE	COMPLICATIONS
Using the spatula, place a smear of faeces onto the filter paper.	Prevent contamination of body fluids.	Exposure to body fluids.
Place the tablet onto the faeces, ensuring a part of the tablet is touching the filter paper.	To ensure accuracy of results.	
Place one drop of distilled water onto the tablet.		
Allow 5-10 seconds for the water to penetrate the tablet.	To allow appropriate absorption.	
Place second drop of water onto tablet ensuring it runs down the side of the tablet onto specimen and filter paper.	To commence reaction.	
Observe filter paper for 2 minutes for the appearance of any trace of blue color surrounding the tablet, any change after 2 minutes is irrelevant.	To observe result.	

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DOCUMENTATION:

The result of the procedure should be charted on the observation chart, and if the result is positive it should be documented in the progress notes and reported to medical staff.

DATE DEVELOPED:

Dec 2001.

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14.3 Reducing Substances

AIM:

To detect reducing substances in urine or faeces.

CRITERIA:

Testing urine and faeces for reducing substances should be considered in the following infants;

- Infants with ongoing hyperglycaemia.
- Infants with hyperbilirubinaemia.
- Infants with feed intolerance.
- Infants with persistent diarrhoea.

REQUIREMENTS:

Urine or faeces sample

Test tube

Dropper

Clinitest tablet

Water

Clinitest reference chart

Gloves

PROCEDURE	RATIONALE	COMPLICATIONS
Using dropper, place 5 drops of specimen into test tube.		
Rinse dropper.		
Using dropper, place 10 drops of water into test tube.		
Add 1 tablet to test tube.		
Await reaction – Do not shake during reaction process or for 15 secs afterwards.	Interferes with reaction.	Inaccurate results.
Refer to color chart for result.		

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DOCUMENTATION:

The result of the procedure should be charted on the observation chart and if the result is positive it should be documented in the progress notes and reported to medical staff.

DATE DEVELOPED:

Dec 2001.

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Dec 2003.