

MICROBIOLOGY
SPECIMEN COLLECTION - URINE
INFORMATION SHEET

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In order to produce meaningful results, urine specimens should be taken carefully - before starting antibiotics whenever possible. Specimens should be collected in sterile boric acid containers (red top) and sent to the laboratory without delay. Specimens may be refrigerated overnight if required but delays of > 2 hours in transport to the laboratory will contribute to bacterial overgrowth and may prevent the retrieval of small numbers of bacteria.

Wash hands before and immediately after collecting samples.

Sample type	Procedure	Rationale
MSU - males	Retract the prepuce and clean the skin surrounding the urethral meatus with soap and water. Ask the patient to pass urine initially in to the toilet; pass the sterile container under the stream and remove before the stream ceases.	To prevent other organisms contaminating the specimens. To excrete any bacteria colonising distal tip of urethra.
MSU - females	Clean the urethral meatus with soap and water. Clean from front to back. Ask the patient to pass urine first into the toilet; place sterile container under the stream and remove before the stream ceases.	As above
Clean Catch Specimen of Urine (CCSU)	Place a clinically clean/sterile container in a receptacle (e.g. commode pan) and encourage patient to void urine. Transfer urine sample to the specimen container.	For patients who are unable to obtain a MSU by passing a container under stream, a CCSU is an alternative means of collection.
Catheter Specimen of Urine (CSU)	Disinfect the port with alcohol swab and allow to dry. Using sterile syringe and needle* take specimen from designated sampling sleeve on the tubing. Discard needle into sharps container immediately. Carefully put urine sterile container. * a needleless system may be used in some areas.	To prevent cross infection To prevent other organisms contaminating the specimen. Urine collected from the bag instead of tubing will give misleading results as bacteria may already have multiplied at room temperature. To avoid risk of needlestick injury.
Mitroffanof specimen of urine (i.e. urine obtained via a surgically created stoma)	Wearing protective gloves, clean the stoma with soap and water. Using aseptic technique catheterise the patient's stoma. Allow urine to drain into sterile container. Remove catheter. Dispose of equipment into clinical waste system.	To prevent cross infection. To prevent excessive contamination of catheter on insertion.

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Clean catch or bag specimen (paediatrics)	Explain the procedure to both parent and child and obtain parental consent. Wash genitalia with soap and water and dry. Select an appropriate size sterile urine bag. Place bag over the genitalia as per bag instructions. Remove bag when the child has voided and pour urine into sterile container.	Minimise contamination of the specimen. To avoid leakage or contamination with faeces.
Pad urine (paediatrics, when nappies are worn)	Explain the procedure as above. Wash genitalia with soap, water and dry. Place the urine pad in the nappy towards the front. Remove and recommence procedure if soiling occurs.	Minimise contamination. Contamination with faeces will affect result.
SPA Specimens	????	????

Urine microscopy will be performed on all specimens. The laboratory utilises a number of algorithms to determine if bacterial culture is required – not all urine specimens will require culture. These algorithms are based upon raised WBC, presence of bacteria, pregnancy and other clinical details. It is essential that relevant clinical information is provided when making a request.

Urine microscopy will be available through review. The laboratory will not telephone urine microscopy results.

Poorly taken specimens will lead to microbial contamination through skin or faecal routes and confound interpretation of results. Catheter (CSU) specimens are notorious for their polymicrobial nature and should only be taken when the patient has symptoms of UTI and / or is systemically unwell.

The laboratory no longer examines urine specimens for the presence of urinary casts.

Please ensure that additional tests such as MRSA are made at the time of request. Requests for M,C,S and Chlamydia are permissible but clinicians MUST use plain topped universals without the addition of boric acid preservative.