

Urinalysis

Clinical S.O.P. No.: 2
Version 1.1

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Review date:	November 2016





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DOCUMENT HISTORY

Version	Detail of purpose / change	Author / edited	Date edited
number		by	
1.0	New SOP	Shona Brearley	
1.1	Minor changes made to SOP.	Louise Greig	June 2012



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1. Introduction

Testing of urine can give an indication of the general state of kidney function and blood sugar level.

2. Objectives

To describe the procedures for urinalysis and to promote uniformity within the SDRN sites in accordance with ICH GCP guidelines.

3. Responsibilities

Only nurses who have been trained in this procedure and in the process of sample handling and ID should be dealing with the samples as per ICH GCP guidelines. All bodily fluids should be considered as potentially infectious material and should be handled accordingly.

4. Equipment

- Universal container
- Multistix 10 SG (tests for glucose, bilirubin, ketones, specific gravity, blood, pH, protein, urobilinogen, nitrite and leukocytes). Store strips at room temperature.
- Stopwatch

5. Method

- Give the patient a clean container. Ask him or her to go to bathroom and pass urine into the container. A randomly voided sample is suitable for most routine urinalysis.
- Test urine as soon as possible but if urine cannot be tested within 1 hour refrigerate
 the specimen immediately let the specimen return to room temperature and invert
 container in order to mix urine before testing.
- Test urine by dipping/completely immersing the strip into the urine sample. Hold strip in a horizontal position, to avoid the mixing of chemicals form the adjacent reagent areas then and then place it onto a clean paper towel.
- The proper read time is important for optimal results so wait the appropriate length
 of time for each test (use stop watch) and the hold strip close to the colour blocks on
 the strip and match carefully. Read off result from urine chart on side of bottle.
 Colour changes after 2 minutes are of no diagnostic value.
- Record results in CRF (case report form).
- If urine sample is positive for leucocytes, nitrites, blood or protein, send a dipstick to local lab for culture and sensitivity and inform patient that they may have a urinary tract infection.