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PEDIATRIC Nursing Procedures





2nd Edition

Raman Kalia

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CHAPTER 4

Collection of Specimen

Introduction

Variety of specimen are collected for establishing diagnosis among sick infants. Proper preparation of the patient specimen, collection and handling of the specimen are essential for the production of valid and quality results by a laboratory.

It is essential that the name of the baby/mother's name, date of birth, CR. no and collection time, etc. along with date of collection of specimen must be written.

Definition

Collection of specimens is safe method of obtaining urine, stool, gastric contents and blood for a specific purpose.

Aims of Laboratory Examination

- To make a diagnosis.
- To decide an appropriate course of treatment.
- To assess progress.

General Principles

Before collection of a specimen

- The requested examination and the nature of the specimen should be confirmed from the doctor's laboratory form.
- Proper specimen container should be choosen.
- The label with required particulars should be attached, stating name, CR number, age, unit, ward, name of specimen, the date of collection and time.

Collection of specimen

- Routine specimen should be collected during laboratory working hours, to prevent deterioration.
- For sterile specimens contamination of specimens should be avoided by collecting the specimen straight into a sterile container.

After collecting specimens

- Date and time of collection should be entered on the form.
- The completed label should be attached to the body of the container and upright position should be maintained.

The written laboratory report should be attached to the record and inform the doctor.



Urine Collection

A Safe method of obtaining urine for a specified purpose.

Purpose

- To check urine for presence of sugar, acetone, bacteria and other urinary products.
- To aid in diagnosis.
- To determine the condition of the patient.
- To determine effectiveness of therapy.

Equipment

Tray with

- Mackintosh with towel.
- Specimen container.
- Wiping agent, e.g. bitadine, normal saline, spirit.
- Gloves: sterile and non sterile.
- Sterile cotton pad.
- Bedpan.
- Kidney tray or paper bag.
- Syringe 5cc with two sterile needle no 24G.

Steps of the Procedure

1. Assess voiding status of client
   - When client last voided.
   - Level of awareness or development stage.
   - Mobility, balance and physical limitations.
2. Assess child's understanding of purpose of test and method of collection.
3. Explain procedure to child or parents.
4. Assemble all the articles at the bed side.
5. Provide the privacy.
6. Perform hand hygiene and wear nonsterile gloves.
7. Position the child so that genitalia are exposed by placing him on his back with legs in frog – like position.
8. Assistance may be needed to hold the legs of the child in proper position.
9. Clean the area in circular motion with betadine then normal saline.
10. If baby is neonate or infant, then attach the urobag in proper position. After voiding, collect the urine in specimen container from bag.



11. Provide the specimen container to parents and explain them to collect urine for routine microscopy when ever the baby voids.
12. Label specimen, write the child's name. CR No. ward, date and time. Attach with laboratory requisition.
13. Write the date, time and put the sign in lab register.
14. Clean the articles and dispose the waste material according to hospital policy.

A midstream urine specimen

The child is explained about the procedure. The child is prepared as above and encouraged to pass the urine into a bed pan. After a small amount has been voided, the midstream urine is directly collected in a sterile wide necked bottle.

Sterile urine specimen

- If the child has a foley's catheter, a sterile specimen can be collected.
- Clamp the catheter near "Y" by artery forceps.
- Wait for 7-8 min.
- Wear the sterile gloves.
- Clean the catheter from above "Y" with betadine and spirit.
- Take the sterile syringe and needle, insert in catheter and aspirate 3-4 ml urine.
- Dispose the old needle and connect the new needle with syringe.
- Collect the urine in sterile container.

Stool Collection

Stool collection is a method of obtaining a stool specimen from the patient.

Purpose

- To check stool for presence of specific material (i.e. blood, Ova, parasites, bacteria or virus)
- To aid in diagnosis.
- To determine condition or status of the patient.
- To determine effectiveness of therapy.

Equipment

- Diaper.
- Plastic liner/mackintosh (used when stool is loose or watery).
- Tongue blade/wooden spatula.
- Specimen container.
- Bedpan.
- Gloves.



Steps of the Procedure

1. Explain the procedure to the child/parents.
2. Provide privacy.
3. Assemble all the articles at the bed side.
4. If a specimen is needed from a child whose stools are loose or watery enough to be absorbed in the diaper with a piece of plastic. Place thin liner between the diaper and the skin.
5. Wear gloves.
6. Check the child's frequency to see if stooling has occurred.
7. Remove soiled diaper from child. Clean perineal area, apply clean diaper and leave the child comfortable.
8. Remove small amount of stool from diaper with the tongue blade/wooden spatula and place in the specimen container.
9. Label specimen, write the child's name. CR no., ward, date and time. Attach with laboratory requisition.
10. Write the date and time in lab register.
11. Clean the articles and dispose the waste material according to hospital policy.

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PEDIATRIC Nursing Procedures

Second edition of the book covers the child health nursing skills which are easy-to-understand for the students of nursing. The contents cover all the procedures commonly practiced in the clinical area. A special emphasis has been given to add the advanced nursing procedure, e.g. care of children having HIV, Physiotherapy of children, etc.



Raman Kalia completed Nursing education from College of Nursing, Postgraduate Institute of Education and Research, Chandigarh, India, postgraduate in the speciality of Medical Surgical Nursing and won the Punjab University Gold Medal for standing first and also won the best thesis award, worked in a research project funded by Ministry of Health and Family Welfare, New Delhi for a year and then worked in pediatrics surgery department PGI for nearly 10 years. Completed Doctorate in Pediatric Surgery in 2003 at PGIMER, thesis entitled "Development of educational aids for parents of children having colostomy and/or fecal incontinence", was awarded WHO fellowship of one month duration in children day-care at Bangkok, Thailand in 2007. Member of various professional bodies of the country and has presented number of papers in national and international nursing conferences, has around 50 publications in the nursing journals. Indian Adaptation Editor of Textbook of Paediatrics by Dorothea Marlow. Editor of Nursing Research and Midwifery Journal, and has 30 years of teaching experience in nursing.

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