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How to Obtain a Clean Catch Urine Specimen Handbook for Caregivers of Individual with Intellectual and Developmental Disabilities

*Developed and Produced by the Region 4 Quality Intuitive, and
the Office of Integrated Health Supports Network at the Virginia
Department of Behavioral Health and Developmental Services*

Obtaining a Clean Catch Urine Specimen

- A clean catch urine specimen should be collected and delivered to the physician's office or a laboratory for testing as soon as possible when a urinary tract infection (UTI) is suspected.
- If time allows the best time to collect a urine specimen is in the morning, when the urine has been in the bladder for several hours. Otherwise, a urine specimen could be collected after urine has been in the bladder for 2 to 3 hours.
- A special urine collection kit should be obtained from the primary care provider's (PCP's) office to collect the specimen.
- In the kit there is a sample cup with lid and disinfecting wipes to be used to clean the perineal area when collecting the specimen.
- Write the individual's last name and date of birth on the cup label with a permanent marker.
- Follow the specific step-by-step instructions in the kit for collecting a clean catch urine sample. This handout reviews helpful tips for assisting an individual with intellectual and developmental disabilities, how to obtain a clean catch urine specimen from a male and a female.
- Staff should wear gloves and remain with an independent individual to assist if needed and to ensure a clean catch urine is obtained correctly.
- Caregivers might need to work together as a team to communicate with each other and the individual to complete each step in the process of collecting a clean catch urine specimen.
- Encourage the individual to drink more non-caffeinated fluids to produce needed urine.



Clean Catch Mid-stream Urine Specimen Collection for Females

- Start by wiping the area between the vagina "lips" (labia) with the sterile wipes.
- Sit on the toilet with legs spread apart. Use two fingers to spread open the labia.
- Use the first wipe to clean the inner folds of the labia. **Always wipe from the front to the back.**
- Use a second wipe to clean over the opening where urine comes out (urethra), just above the opening of the vagina.
- Keeping the labia spread open with fingers, urinate a small amount into the toilet bowl, then stop the flow of urine.
- Hold the urine cup a few inches from the urethra and urinate until the cup is about half full.
- Then finish urinating into the toilet bowl.

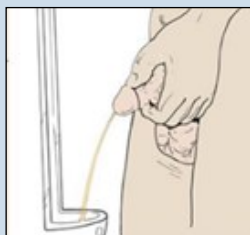


Clean Catch Mid-stream Urine Specimen Collection for Males

- Clean the head of the penis with a sterile wipe. If they are not circumcised, then the foreskin will need to be pulled back first.



- Urinate a small amount into the toilet bowl, and then stop the flow of urine.



- Then collect a sample of urine into the clean or sterile cup, until it is half full.



- Then individual should finish urinating into the toilet bowl.

Helpful Tips

Practicing will be helpful whenever possible. Many people have difficulty with change which can include new people, new tasks, and even new objects. It is important to help them prepare for any changes in a way that works for them. Keep any parts of their routine or environment which can remain consistent and familiar to help offset any changes.

See chart below.

Typical Routine	Possible Change for Urine Sample Collection	Tip
Urinate at home, day support or typical community locations.	Urinate in an unfamiliar restroom at the doctor's office.	Schedule a visit to the doctor's office prior to the actual visit to help the person know what to expect. Allow them to use the restroom. Wash their hands in the restroom or just check themselves out in the mirror. Anything to help increase their familiarity with the location.
Urinate in a toilet	Urinate in a cup or specimen collector (hat).	Allow the person to see, touch and/or hold the new items. Show pictures and/or videos of these items and how they are used. Communicate to them what the items are and how they are used. Make sure you communicate to them in a manner they prefer and with the best chance of being understood.
Restroom assistance from preferred caregiver.	Assistance from a person they do not know. DSP who handles medical appointments or medical staff.	Schedule to have preferred people support whenever possible. Work to expand the number of preferred caregivers. (Keep in mind it may not be appropriate to expand preferred caregivers who aid with restroom use or perineal care). Expanding preferences can be accomplished through a process called "pairing with reinforcement." Simply put caregivers should associate themselves as much as possible with the persons reinforcers or preferences. Overtime, the reinforcing value of the preferences/reinforcers will help increase the reinforcing value of the caregiver.

Helpful Tips

- To assist with learning the skill of collecting a mid-stream urine specimen consider using a squirt bottle with water to demonstrate the flow of urine. Show the individual how the flow of urine would need to start then stop, next add a cup to catch the urine, then start again to complete urination.
- Use the individual's language when explaining the skill, if the individual uses the term "pee-pee" to indicate they need to go to the bathroom, or for urinating, caregivers need to use the same language with the individual to explain obtaining a urine specimen.
- Use pictures or videos of the actual process if the individual is receptive to this type of learning.
- Practice the skill first. The skill will need to be apart of the individuals support plan and practiced regularly for them to become familiar with the task.
- Caregivers can write a list of the skills required to accomplish the task, review the tasks with the individual, observe the individual completing the tasks, then note the individuals skills ability.
- Enlist the help of the individual's primary care provider (PCP), or a Board Certificated Behavior Analyst (BCBA), and/or an Occupational Therapist (OT) when assisting an uncooperative individuals with collecting a clean catch urine specimen.
- When a person is learning or improving a skill positive reinforcement can be used.
- If the individual is physically able to sit on the commode but not assist with the collection of the urine specimen a collection device or "toilet hat" can be inserted under the lid of the toilet to catch urine, then staff can fill the specimen cup with the urine.
- If a one-time use "toilet hat" is needed a physician's prescription for the device is required, which can be obtained from most pharmacies.



Helpful Tips

- After using the "toilet hat" it can be thrown away in the regular garbage, it is not considered hazardous waste and can be disposed of in the regular trash.
- Consider the use a clean, empty bed side commode with a toileting hat for the individual to urinate in if they aren't able to allow a caregiver to assist them in the bathroom.
- Consider attempting to have a female individual sit backwards on the commode with the toilet hat in the back of the commode in order for them to open their legs wide enough to clean the perineal area with the sterile wipes before urination.
- Non-ambulatory individuals who cannot sit upright on the commode or assist with urine collection can use a specialized ultra-absorbent gel collection insert in an incontinence brief for urine collection. A physician's prescription is required to obtain the gel collection pack.
- The "gold standard" method of urine specimen collection from an incontinent, non-ambulatory or non-compliant individual is to have a nurse perform a sterile in-out catheterization. A physician's prescription would be required to have this procedure performed.
- A urine specimen should be taken to the physician's office or laboratory within the first 2 hours following collection.
- Urine can be stored in a sealed plastic zip-lock specimen bag in the refrigerator at temperatures between 35°F and 46°F until the next earliest opportunity for delivery. (The average refrigerator temperature is 40°F or less).
- Urine can only be refrigerator for 24 hours prior to testing.
- If a urine sample is left at room temperature it will affect the bacterial growth in the urine and will require another urine specimen to be collected.

