

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
Urinalysis/Urine Drug Screen/Fentanyl Testing

MSRM 140117.01.12.19
(R 4/2023)

ALL PROCEDURES MUST HAVE A CORRESPONDING ORDER DOCUMENTED IN THE INMATES EHR. IF THERE IS NO DOCUMENTED ORDER, WRITE A VERBAL ORDER AND ASSIGN TO THE HEALTH CARE PROVIDER FOR SIGNATURE.

Subjective Data: _____ **Allergies:** _____

Chief complaint: _____

Materials:

Specimen Cup with Temperature Strip	Bluing Coloring	Test strips	Clean and Sterile gloves
Requisition Form	Timer	Sterile wipes	

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____ O₂ sats. _____ FSBS: _____

Urine:	<input type="checkbox"/> Clear	<input type="checkbox"/> Dark	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Bloody	<input type="checkbox"/> Foul odor
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REFER TO HEALTH CARE PROVIDER IF: *If during clinic hours the health care provider is to be called if not on site. If after clinic hours the health care provider is to be called the next working day.*

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|--|---|---|
| <input type="checkbox"/> Urine is cloudy or has a foul odor. | <input type="checkbox"/> Feeling of bladder fullness. | <input type="checkbox"/> Blood in your urine. |
| <input type="checkbox"/> Temperature of 100.4 degrees F. | <input type="checkbox"/> Unusual itching, rash, burning or pus. | <input type="checkbox"/> Small, constricted "pinpoint pupils" |

Health Care Provider: _____ **Time Notified:** _____ **Orders Received for Treatment:** Yes No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: Intervention: (check all that apply)

<input type="checkbox"/> Urinalysis	<input type="checkbox"/> Urine Drug Screen	<input type="checkbox"/> Fentanyl Testing
<p>Female Patient: "Clean Catch" Collection</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provided privacy and procedure explained to inmate. <input type="checkbox"/> Instructed if menstruating, insert a fresh tampon to halt flow. <input type="checkbox"/> Instructed to open the sterile specimen collection cup without touching the rim, inside of cup, or inner surface of the cup lid. <input type="checkbox"/> Instructed to wash hands with soap and water. Dry hands. <input type="checkbox"/> Instructed inmate to separate the skin fold around the urinary opening with one hand and keep apart until finished collecting the sample. <input type="checkbox"/> Instructed using a sterile moist towelette (or cotton balls soaked in soap and water) wash the urinary opening and surrounding tissue, front to back. Rinse with clear water. <input type="checkbox"/> Instructed to begin urinating into the toilet, holding skin folds apart with your fingers. <input type="checkbox"/> Instructed after the urine stream is well established, and without interrupting the urine flow, move the sterile container into the path of the stream to "catch" the urine. <input type="checkbox"/> Instructed to collect the urine until the container is approximately half full (or until flow of urine decreases substantially) and then finish voiding into toilet. <input type="checkbox"/> Inmate verbalized understanding of instructions. <p>Male Patient: "Clean Catch" Collection</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provided privacy and procedure explained to inmate. <input type="checkbox"/> Instructed to open the sterile specimen collection cup without touching the rim, inside of cup, or inner surface of the cup lid. <input type="checkbox"/> Instructed to wash hands with soap and water. Dry hands. <input type="checkbox"/> Instructed to retract the foreskin and thoroughly wash the end of the penis using a sterile moist towelette or washcloth soaked in soapy water. Rinse with clear water. <input type="checkbox"/> Instructed to begin urinating into the toilet. <input type="checkbox"/> Instructed after the urine stream is well established, and without interrupting the urine flow, move the sterile container into the path of the stream to "catch" the urine. <input type="checkbox"/> Instructed to collect the urine until the container is approximately half full (or until flow of urine decreases substantially) and then finish voiding into toilet. <input type="checkbox"/> Inmate verbalized understanding of instructions. 		<ul style="list-style-type: none"> <input type="checkbox"/> Informed inmate, a same-gendered nurse, technician or officer will accompany him/her into the bathroom to make sure the inmate follows all testing procedures. They should explain the reason for this type of supervised testing. <input type="checkbox"/> Secured warm water sources or otherwise make them unavailable to patients (e.g., turn off water inlet, tape handles to prevent opening warm water faucets). <input type="checkbox"/> Ensured that the water in the toilet and tank (if applicable) has bluing (coloring) agent in it. Tape or otherwise secure shut any movable toilet tank top, or put bluing in the tank. <input type="checkbox"/> Ensured that no soap, disinfectants, cleaning agents, or other possible adulterants are available to the patient. <input type="checkbox"/> Inspected the site to ensure that no foreign or unauthorized substances are present. <input type="checkbox"/> Ensured that undetected access (e.g., through a door not in your view) is not possible. <input type="checkbox"/> Secured areas and items (e.g., ledges, trash receptacles, paper towel holders, under-sink areas) that appear suitable for concealing contaminants. <input type="checkbox"/> Ensured the inmate left personal item in another room while they take the test. <input type="checkbox"/> Rechecked items (1) through (6) after each collection to ensure the site's continued integrity. <input type="checkbox"/> Specimen check for temperature, volume, for adulteration or substitution within 4 minutes. The acceptable temperature range is 32°-38°C/ 90°-100°F. <p>Fentanyl Testing</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pouch opened and test device removed. Cap removed. <input type="checkbox"/> Absorbent end of device immersed into the urine sample for approximately 10 seconds. Ensured urine level was not above the marked printed line of the device. <input type="checkbox"/> Cap replaced and device place on clean, dry non-absorbent surface. <input type="checkbox"/> Results read in 5 minutes. (Do not read after 5 minutes) <p>The acceptable temperature range is 18°-30°C/ 65°-86°F.</p>

Note: Urine Drug Screen-If the inmate alleges inability to produce a specimen, a two-hour delay period under observation will be allowed. The inmate may be given eight ounces of water at the beginning of the two-hour period.

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN Signature/Credentials: _____ **Date:** _____ **Time:** _____

Inmate Name
(Last, First)

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