

BEDPAN/URINAL, ADMINISTRATION OF

PURPOSE:

1. To provide the resident who is unable to use the bathroom with adequate facilities for elimination.

EQUIPMENT:

1. Bedpan of appropriate size.
2. Urinal.
3. Toilet tissue.
4. Towel and washcloth.
5. Measuring receptacle if intake and output is to be measured.
6. Wash basin.
7. Specimen container.
8. Disposable gloves if visible blood is present.

PROCEDURE:

BEDPAN

1. If a metal bedpan is used, warm under warm water and dry thoroughly before use.
2. Raise side rail on far side of bed. Position resident on back, roll resident away from you and position bedpan.
3. Roll resident gently onto bedpan.
4. Raise the head of the bed until resident is in a comfortable sitting position. Adjust top linen.
5. Raise both side rails, place toilet tissue and call light within reach, instruct resident to call for assistance when needed.
6. If a specimen is to be collected, instruct resident to call for assistance before using toilet tissue.
7. If blood is visible in urine or feces, put on disposable gloves.
8. When resident has completed elimination, lower head of bed. Hold bedpan to stabilize, roll resident away from you and remove bedpan. **DO NOT PLACE BEDPAN ON FLOOR OR BEDSIDE STAND.**
9. Collect specimen in appropriate container if necessary. See procedure for specimen collection.
10. Assist resident or clean perineal area well with tissue if resident is unable to assist. Instruct resident to clean toward the rectum. Wash and dry perineal area well.
11. Remove bedpan and note contents. Measure liquid output if necessary.
12. Clean and store bedpan per facility policy.
13. Assist resident to wash his/her hands.
14. Leave resident in a comfortable position with call light within reach.

URINAL

1. If a metal urinal is used, warm under warm water and dry thoroughly before use.
2. Position resident on the side of the bed in a sitting position, unless contraindicated.
3. If resident is not able to sit on the side of the bed, elevate the head of the bed as permitted.

4. If blood is visible in urine, put on disposable gloves.
5. Assist resident in placing urinal, keeping closed end tilted downward to avoid spilling.
6. Raise both side rails, place toilet tissue and call light within reach. Instruct resident to call for assistance when needed.
7. When resident has completed elimination, remove urinal. **DO NOT PLACE URINAL ON FLOOR OR BEDSIDE TABLE.**
8. Collect specimen in appropriate container if necessary. See procedure for specimen collection.
9. Assist resident or cleanse the perineal area well if resident is unable to assist.
10. Remove urinal and note contents. Measure liquid output if necessary.
11. Clean and store urinal per facility policy.
12. Assist resident to wash his/her hands.
13. Leave resident in a comfortable position with call light within reach.