extremities, and urination.

Children will better understand what is expected if the nurse uses familiar terms, such as "pee-pee," "wee-wee," or "tinkle." Some have difficulty voiding in an unfamiliar receptacle. Potty chairs or a potty hat placed on the toilet is usually satisfactory. Toddlers who have recently acquired bladder control may be especially reluctant, because they undoubtedly have been admonished for "going" in places other than those approved by parents. Enlisting the parents' help usually leads to success.

At times, parents may be asked to bring a urine sample to a health care facility for examination, especially when infants are unable to void during an outpatient visit. In these instances, parents need instructions on applying the collection device and storing the specimen. Ideally, the specimen should be brought to the designated place as soon as possible. If there is a delay, the sample should be refrigerated and the lapsed time reported to the examiner.

For some types of urine testing (such as specific gravity, ketones, glucose, and protein), the nurse can aspirate urine directly from the diaper. If the urine is not tested within 30 minutes, the specimen is refrigerated or placed in a sterile container with a preservative. Superabsorbent gel disposable diapers may absorb all urine and may also produce a false crystalluria. Specific gravity measurements are accurate for up to 4 hours provided that the disposable diapers are kept folded. Urine samples collected by the cotton ball method were accurate for pH and specific gravity and were atraumatic to the skin of newborns (Kennedy, Griffin, Su, et al, 2009).

Urine Collection Bags

For infants and toddlers who are not toilet trained, special urine collection bags with self-adhering material around the opening at the point of attachment may be used. To prepare the infant, the genitalia, perineum, and surrounding skin are washed and dried thoroughly because the adhesive will not stick to a moist, powdered, or oily skin surface. The collection bag is easiest to apply if attached first to the perineum, progressing to the symphysis pubis (Fig. 20-8). With girls, the perineum is stretched taut during