

site of use.

9. Wash the procedural preparation agent off if povidone/iodine is used, if skin is sensitive, and for infants.

10. Remove gloves and perform hand hygiene after the procedure. Have children wash their hands if they have helped.

11. Praise the child for helping.

12. Document pertinent aspects of the procedure, such as number of attempts, site and amount of blood or urine withdrawn, as well as type of test performed.

## Urine Specimens

Older children and adolescents can use a bedpan or urinal or can be trusted to follow directions for collection in the bathroom.

However, they may have special needs. School-age children are cooperative but curious. They are concerned about the reasons behind things and are likely to ask questions regarding the disposition of their specimen and what one expects to discover from it. Self-conscious adolescents may be reluctant to carry a specimen through a hallway or waiting room and appreciate a paper bag for disguising the container. The presence of menses may be an embarrassment or a concern to teenage girls; therefore, it is a good idea to ask them about this and make adjustments as necessary. The specimen can be delayed or a notation made on the laboratory slip to explain the presence of red blood cells.

Preschoolers and toddlers are usually unable to void on request. It is often best to offer them water or other liquids that they enjoy and wait about 30 minutes until they are ready to void voluntarily.

## Nursing Tip

In infants, wipe the abdomen with an alcohol pad and fan it dry; the cooling effect often causes voiding within 2 minutes. Apply pressure over the suprapubic area or stroke the paraspinal muscles (along the spine) to elicit the Perez reflex; in infants 4 to 6 months old, this reflex causes crying, extension of the back, flexion of the