

application to ensure a leak-proof fit. With boys, the penis and sometimes the scrotum are placed inside the bag. The adhesive portion of the bag must be firmly applied to the skin all around the genital area to avoid leakage. The bag is checked frequently and removed as soon as the specimen is available, because the moist bag may become loosened on an active child.

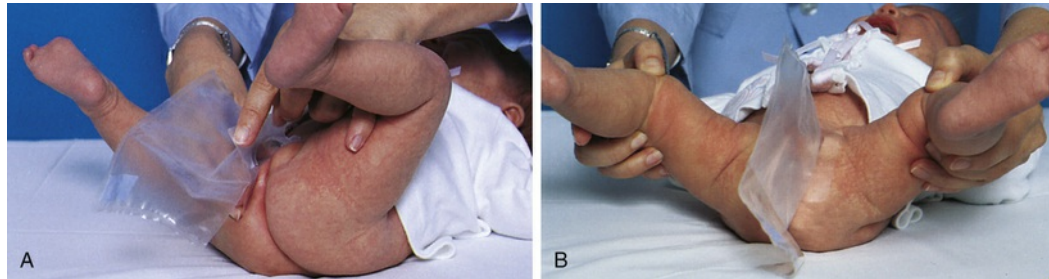


FIG 20-8 Application of urine collection bag. **A**, On female infants, the adhesive portion is applied to the exposed and dried perineum first. **B**, The bag adheres firmly around the perineal area to prevent urine leakage.

The American Academy of Pediatrics guidelines ([American Academy of Pediatrics, Subcommittee on Urinary Tract Infections, Steering Committee on Quality Improvement and Management, and Roberts, 2011](#)) for diagnosis and management of urinary tract infections in infants 2 to 24 months old recommend a positive screen obtained from a bag specimen be confirmed by culture via bladder catheterization or suprapubic aspiration due to an unacceptably high rate of false-positives. Although the bag specimen collection method is less invasive and traumatic to an infant, some families and clinicians may prefer to collect only one definitive specimen and avoid additional delay in obtaining a second specimen.

Nursing Tip

When using a urine collection bag, cut a small slit in the diaper and pull the bag through to allow room for urine to collect and to facilitate checking on the contents. To obtain small amounts of urine, use a syringe without a needle to aspirate urine directly from the diaper. If diapers with absorbent gelling material that trap