

Care Directive



Care Directive Title: Care Directive for Ordering and Collecting Urine for Urinalysis, Culture & Sensitivity, and Pregnancy Testing in the Adult Gynecology and Community Clinics

Applies To: Registered Nurses and Licensed Practical Nurses in the Adult Gynecology and Community Clinics within the Women’s and Newborn Health Program

Location Applicability: Women’s and Newborn Health Program

Approved:
July 11, 2023 - Policy and Practice
September 19, 2023 - MAC

Effective:
September 25, 2023

Next Review:
September 25, 2027

Sponsor: Clinical Manager of Adult Gynecology and community clinics, Gynecology Clinic Physician

Approval Authority: Policy and Practice Committee
Medical Advisory Committee

Number: 40010

Manual: Women’s and Newborn Health, Ambulatory Clinics

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PURPOSE

This care directive will give the Women's and Newborn Health Program Ambulatory Clinic Registered Nurses (RN) & Licensed Practical Nurses (LPN) the autonomy to order and collect a urine specimen without a patient-specific order from an authorized prescriber.

COMPETENCY REQUIREMENTS

1. Review of this care directive.
2. Completion of LMS learning modules as per Clinical Leader of Development of Women's Ambulatory Clinics.
3. Practical instruction and demonstration from the Clinical Leader of Development and/or certified laboratory (lab) personnel competent in the use of the point-of-care urine analyzer.
4. Successful completion of the point-of-care urine analyzer skill checklist.
5. Perform annual self-assessment of competence as per [IWK Health Policy #3101 – IWK Point of Care Testing](#)

POLICY STATEMENTS

1. RN's and LPN's working in the adult gynecology ambulatory and community clinics, must assess, plan, and provide care to patients based on this care directive and their scope of practice. Refer to Appendix B – Nursing Scope of Practice and RN and LPN Collaboration.
2. The RN or LPN must use their knowledge, skill, and clinical judgement to assess the patient for specified criteria before implementing the care directive.

Criteria for urinalysis/culture and sensitivity (C&S):

Inclusion:

- The patient will be exhibiting signs and/or reports symptoms of a urinary tract infection such as dysuria, frequency, incontinence, urgency, elevated temperature, urine odour, urine discoloration, and/or hematuria.
- Newly referred patients to the uro-gynecology clinic.

Exclusion:

- Does not meet any inclusion criteria

Criteria for urine testing for pregnancy:

Inclusion:

Whenever indicated, including:

- pre hysterosalpingogram
- pre hysteroscopy
- prior to an endometrial biopsy
- prior to insertion of an Intrauterine Device (IUD)
- Prior to a cervical procedure

Exclusion:

- Post-menopausal
- Previous hysterectomy

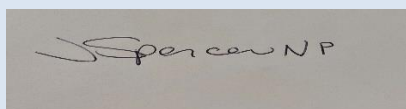
3. The RN must be available to collaborate with the LPN when the LPN is providing care to a client whose health condition or outcome becomes less stable and/or less predictable.
4. The on-call gynecology physician must be available in the IWK Health Centre or by phone during clinic time.

PROTOCOL

1. The RN/LPN must perform point-of-care urine testing for pregnancy testing (HCG) according to the manufacturer's instructions.
2. The lot number of the urine pregnancy test must be documented on the patient's permanent health record by the RN/LPN performing the test with the associated outcome.
3. Urinalysis and C&S are collected in clinic by the RN/LPN, entered in the health centre's clinical information system and then the specimen is transported to the lab by support staff.
4. The RN/LPN advises the patient/family that the physician will assess the patient, interpret any urine test results, and inform them of their clinical relevance.
5. The RN/LPN must follow-up with the on-call gynecology physician with any positive pregnancy test or abnormal urinalysis result.

Care Directive Approval for use:

This care directive is approved for use by the following authorized prescriber(s):



Jennifer Spencer NP, 05 July 2023

REFERENCES

Nova Scotia College of Nursing (2023). *Care Directives: Guidelines for Nurses*. Available from: [CareDirectives.pdf \(nscn.ca\)](#).

Nova Scotia College of Nursing (2022). *Nursing Scope of Practice: Practice Guidelines*. Available from: [Scope_of_Practice.pdf \(nscn.ca\)](#)

Perry, Potter, Stockert & Hall (Copyright2023). *Urinary Elimination: Urine testing. Clinical Skill 43-1: Collecting a midstream (clean voided specimen)*. Canadian Fundamentals of Nursing (seventh edition). Pages; 1177-1180. Elsevier. Canada

OTHER

Email correspondence with the Nova Scotia College of Nursing re: role of LPN in POC testing and scope of practice May 26, 2023

RELATED DOCUMENTS

Policies

[IWK Health Policy 1350 Care Directive for Ordering and Collecting Urine Specimens in the Emergency Department by Registered Nurses](#)

[IWK Health Policy 3101 IWK Point of Care Testing](#)

APPENDICES

Appendix A: Definitions

Appendix B: RN/LPN Collaboration (NSCN, 2022)

Appendix A: Definitions

Care directive (CD): an organizational policy developed in consultation with prescriber(s) for an intervention or series of interventions to be implemented by another care provider for a range of clients with identified health conditions or needs when specific circumstances exist. The purpose of a CD is to provide safe, timely, effective and efficient client care and to optimize the practice of all care providers (NSCN, 2023).

Collaboration: working together with one or more members of the health care team, each of whom makes a unique contribution toward achieving a common goal. Collaboration is an ongoing process that requires effective communication among members of the health care team and a clear understanding of the roles of the individuals involved in the collaboration process (NSCN, 2022).

Competence: means the ability to integrate and apply the knowledge, skills and judgment required to practice safely and ethically in a designated role and practice setting. Competence includes both entry-level and continuing competencies (NSCN, 2022).

Competencies: means the knowledge, skills and judgement required to practice safely and ethically (NSCN, 2022).

Appendix B: RN/LPN Collaboration (NSCN, 2022)

The following RN and LPN responsibilities and accountabilities are applied to decision making regarding nursing assignments (including initial data collection, assessment and plan of care):

- The Registered Nurse is responsible and accountable for the initial patient assessment and plan of care.
- The Licensed Practical Nurse can collect the initial data
- The License Practical Nurse can collaborate with the Registered Nurse on the initial assessment and initial plan of care; remembering that the RN holds the accountability.

The Three factor framework is used by the RN and LPN to determine the appropriate assignment

1. **Client Predictability:**

- The client needs are known
- The care to be provided is part of an established plan of care
- The client's response(s) to the care to be provided are known, consistent over time, *and/or* readily anticipated

2. **Accessible Support Systems:**

- There are sufficient resources (staff, policy, equipment, etc.) in the practice environment to support the client or the LPN if necessary
- The LPN can access those resources

3. **The LPN:**

- has the necessary knowledge, skill and judgment (competence) to provide the care
- can predict and manage the outcome of their actions and/or the client's response to the care
- Collaboration and consultation between RNs and LPNs will be required in certain situations to ensure safe, competent care is being provided by the most appropriate nursing professional.

Version History

(To Be Completed by the Policy Office)

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)
2023	