Collection of Urine Specimens for Culture from LTC Residents

Urine specimens for culture should be processed ASAP, within 1-2 hours, or refrigerated or placed in boric acid for storage and transport. Refrigerated/boric acid specimens must be cultured within 24 hours of collection.

For cooperative and functionally capable residents – mid-stream clean catch specimen.

Female residents:	Wash hands thoroughly with soap and water, rinse, and dry.
	Spread labia with one hand and keep it continuously apart.
	Take an open sterile cup in the other hand (careful not to contaminate).
	When over a toilet void 20 to 25 ml into the toilet and catch a portion of the rest of the urine into the cup without stopping the stream. Do not touch the legs, vulva, or clothing with the cup.
	Securely place the lid on the cup.
Male residents:	Wash hands thoroughly with soap and water, rinse, and dry.
	If necessary retract the foreskin completely.
	When over a toilet void 20 to 25 ml into the toilet and catch a portion of the rest of the urine into the cup without stopping the stream. Do not tough the cup with the penis.
	Securely place the lid on the cup.

For residents not capable of providing a mid-stream clean catch specimen themselves.

Female residents:	Perform an in-and-out catheterization using sterile technique.
Male residents:	Use a freshly applied, clean condom catheter and monitor bag frequently. Collect urine specimen as soon as 5-10 ml is available.

Perform and in-and-out catheterization using sterile technique.

Resident with indwelling catheter for ≤ 14 days

Obtain specimen by sampling through the catheter port using sterile technique - **DO NOT COLLECT URINE FROM THE BAG**

If port not present you may puncture the catheter tubing with a needle and syringe using sterile technique - **DO NOT COLLECT URINE FROM THE BAG**

Resident with indwelling catheter for > 14 days

Change catheter prior to collection (sterile technique) and collect as described above - **DO NOT COLLECT URINE FROM THE BAG**

Ref. Clin. Infect. Dis. 2009. 48:149-71; Clin. Infect. Dis. 2010. 50:625-63; Infect. Control Hosp. Epidemiol. 2012. 33:965-77.