**INFORMED CONSENT:** MUST be obtained prior to any invasive procedure and is a LEGAL document that indicates the patient has been given full knowledge about what will be done along with its risks and complications (NOTE: The PROVIDER explains the procedure and the nurse WITNESSES the signature and may answer simple question for clarification. IF the patient has concerns or questions that you cannot answer within your scope of practice the PROVIDER must come back to explain to the patient again BEFORE you obtain the signature)

**BEST PRACTICES & DEFINITIONS:**

* The nurse must be able to assess lab values so he or she can understand and report on the patient’s condition
* Standard precautions must be used when obtaining any specimen
* Once the specimen is collected it is the nurse’s responsibility to label it (at the bedside with date & time of collection, room Number, Medical Record Number, and what the specimen is if it isn’t obvious), deliver it to the lab, assess the results and report any abnormalities or changes to the provider
* If the patient is embarrassed about having a specimen collected (stool, urine, etc) instruct the patient how to properly collect and have them obtain it themselves
* Know if your patient is on anticoagulants before any invasive procedure (especially angiography, cardiac cath, etc. where the risk for bleeding is already high because they are puncturing an ARTERY)
* When we do invasive procedures like biopsies and lumbar puncture you always want to position the patient ON the side of the procedure (This puts pressure on the entry site and reduces the risk of bleeding) and instruct the patient to try to avoid straining or coughing
* CULTURE: determining that there is bacteria present and what it is
* SENSITIVITY: Determining which antibiotics are most effective (sensitive, intermediate or resistant)
* CYTOLOGY: Study of cells (usually to determine if abnormal or cancerous cells are present)
* VENIPUNCTURE: drawing blood, puncturing the vein to obtain a blood specimen, be careful with the tourniquet and don’t leave on longer than 1-2 minutes, the vacutainer is the tube the blood gets sucked up into
* ELECTROCARDIOGRAM (ECG/EKG): graphic representations of electric impulses generated by the HEART
* ELECTROENCEPHALOGRAM (EEG): graphic representations of electric impulses generated by the BRAIN
* EKG & EEG can only determine abnormalities that interfere with electrical conduction.
* EKG & EEG NO Caffeinated foods or beverages prior (the patient CAN eat or drink NON-caffeinated items)
* Exercise stress Test: the physician will tell them which medications they can and cant take prior, they can drink water but a meal is not recommended due to the strenuous nature of the exercise involved
* Anything related to measuring blood sugar the patient should be FASTING (at least 8 hours for a glucose tolerance test)
* Fingersticks for blood sugars should be obtained from the side of the finger where it hurts less

**URINE SPECIMENS:**

**MIDSTREAM URINE SPECIMEN:** the cleanest part of a voided urine specimen that is collected after voiding is initiated and before it is finished (used for culture and sensitivity)

**RESIDUAL URINE:** urine left in the bladder after voiding (check 10 minutes post void and catheterize or use bladder scanner)

**STERILE SPECIMEN VIA INDWELLING CATHETER:** clamp the tubing for 30 minutes, clean the port with alcohol and withdraw a specimen with a syringe

**24 HOUR URINE SPECIMEN:** discard the FIRST void of the morning and then start collecting after that. END with the FIRST morning void of the following day. This test gives a clear picture about renal function and urinary output.

**FOR PROCEDURES WITH DYE/CONTRAST (CT Scans, MRI, Arteriography, Brain Scan, etc.)**

* Make sure the patient is no allergic to iodine or shellfish
* Reactions can be mild (itching, urticaria, flushing) to severe (anaphylaxis)
* Treatment wound be diphenhydramine, steroids & epinephrine for severe reaction
* Delayed reactions can happen 2-6 hours after the procedure
* Encourage fluid intake before and after the exam to “flush” out the dye (it can be rough on the kidneys)
* Instruct the patient that they will hear loud clicking noises for the duration of the MRI
* Reassure them that the technician can hear them and that they will be provided with a call button if they need assistance during the exam or need the exam to stop
* If a hematoma forms at the injection site use a warm compress
* Telepaque is a type of contrast medium and tablets are given every 15 minutes for a period of time prior to the test
* Telepaque can cause nausea and vomiting as well as severe allergic reactions

**STOOL SPECIMENS:**

* OCCULT: cannot be seen
* HEMOCCULT: blood that cannot be seen (strip will turn BLUE if blood is present take specimen from 2 different areas of stool specimen)
* Always take specimens from two different areas of the stool provided
* Hemoccult strip or card will turn **BLUE** if blood is present
* Bright RED blood in the stool if from the LOWER GI tract
* Dark RED or BLACK tarry stool is from the UPPER GI tract
* When testing for Ova & Parasites get that specimen to the lab IMMEDIATELY
* BARIUM will turn stool white

**SPUTUM (EXPECTORATE)SPECIMENS:**

* Best practice is to get the FIRST sputum specimen the patient can produce in the MORNING
* If the patient can’t cough, then the nurse can perform tracheal suctioning to get the specimen
* Instruct the patient that it MUST be SPUTUM and not SALIVA!
* If the patient is having a bronchoscopy the specimens can be obtained then
* Instruct the patient that they will be able to breathe during the procedure to reduce anxiety
* During a bronchoscopy they numb the throat
* Patient must be NPO until the GAG reflex has returned or they can aspirate
* A throat culture can simply be obtained by swabbing the pharynx with a cotton tipped applicator specially designed for this purpose

**WOUND CULTURES:**

* This should be a sterile procedure to reduce the risk of contamination
* ALWAYS clean the wound before culturing (a false result will follow if you culture OLD drainage)
* For Anaerobic specimens a sterile syringe tip can be inserted to draw up some of the drainage

“Cold and Clammy Need Some Candy…Hot and Dry Sugar High”

This was the saying I couldn’t remember during our session!