

Bedpan/Urinal, Offering/Removing

Purpose	The purpose of this procedure is to provide the resident who is unable to ambulate an opportunity to urinate or defecate.
Preparation	<ol style="list-style-type: none">1. Review the resident's care plan to assess for any special needs of the resident.2. Assemble the equipment and supplies as needed.
General Guidelines	<ol style="list-style-type: none">1. Do not rush the resident. Be sensitive to the resident's condition.2. Allow the resident as much privacy as possible by pulling privacy curtains.3. Should a regular-sized bedpan be uncomfortable to the resident or if the resident's medical condition requires, use the fracture pan for the procedure.4. Check to see if the resident is on intake and output before discarding the urine and feces.5. Do not allow the resident to sit on a bedpan for extended periods. (Note: This is not only uncomfortable to the resident, it also causes skin breakdown.)6. If the resident keeps his urinal at his bedside, check it frequently. Empty and clean it as necessary. Note on the resident's care plan his request to keep the urinal at his bedside.7. Collect specimens as required.8. Check the feces or urine for unusual appearance. Report findings to your supervisor.9. Encourage the resident to assist in the procedure as much as possible.
Equipment and Supplies	The following equipment and supplies will be necessary when performing this procedure. <ol style="list-style-type: none">1. Bedpan or urinal;*2. Disposable bedpan cover or paper towel;3. Toilet tissue;4. Soap;5. Towel;6. Wash cloth;7. Cleaning disinfectant and cleaning cloth; and8. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed). <p>* Fracture pan may be used if the regular sized bedpan is uncomfortable to the resident or if the resident's medical condition requires.</p>
Steps in the Procedure	<ol style="list-style-type: none">1. Explain procedure to the patient and/or resident.2. Place the equipment on the bedside stand. Arrange the supplies so they can be easily reached.3. Wash and dry your hands thoroughly.4. If the resident's medical condition permits, raise the head of the bed until the resident is in a comfortable position.5. Wash hands and put on gloves.6. Assistance with a Urinal: Remove the urinal from the bedside stand. Be sure that it is clean and dry.<ol style="list-style-type: none">a. Fold the bedspread or blanket toward the foot of the bed.b. Fold the sheet down to the lower part of the body.c. Raise the gown (or lower the pajamas).

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**Steps in the
Procedure
(continued)**

- d. If the resident can place or position the urinal on his own, allow him to do so.
 - e. If the resident cannot place or position the urinal, gently lift his penis and place it inside the urinal. Position the urinal at an angle between his legs.
 - f. Position the sheet back over the resident.
 - g. Put the toilet tissue and call light within easy reach of the resident.
 - h. Allow the resident as much privacy as possible. Tell the resident to call you when he has finished (check on the resident periodically).
 - i. Remove gloves. Discard into designated container. Wash and dry your hands thoroughly. If permitted, leave the room to give the resident privacy.
 - j. When the resident calls that he has finished, return to the room.
 - k. Wash and dry your hands thoroughly. Put on gloves.
 - l. Fold back the sheet. Remove the urinal. Place it on a paper towel on the floor next to the bedside stand. Cover the urinal immediately with a urinal cover or paper towel. Be careful of spills. Empty in the commode; measure volume for Intake and Output where necessary.
 - m. If the resident cannot clean himself, clean the perineal area from front to back with toilet tissue. Wash area with soap and water as necessary. Dry with towel.
7. **Assistance with a Bedpan:** Remove the bedpan from the bedside stand.
- a. Wash hands and apply gloves.
 - b. Take the bedpan back to the bedside.
 - c. Fold the bedspread or blanket toward the foot of the bed.
 - d. Fold the sheet down to the lower part of the body.
 - e. Raise the gown (or lower the pajamas).
 - f. Instruct the resident to bend his or her knees and put his or her feet flat on the mattress. Assist as necessary.
 - g. Instruct the resident to raise his or her hips. (**Note:** If necessary assist the resident in raising the buttocks by slipping your hand under the lower part of the resident's back.)
 - h. With your free hand, position the bedpan with the seat of the bedpan under the buttocks. (**Note:** Be sure that the bedpan is comfortable to the resident and positioned in such a manner to adequately collect the urine or feces.)
 - i. If the resident is unable to lift his or her buttocks to get on or off the bedpan, turn the resident on his or her side with the back facing you. Put the bedpan against the resident's buttocks. Roll the resident back onto the bedpan.
 - j. Position the sheet over the resident.
 - k. Put the toilet tissue and call light within easy reach of the resident.
 - l. Allow the resident as much privacy as possible. Tell the resident to call you when he or she has finished.
 - m. Remove gloves. Discard into designated container. Wash and dry your hands thoroughly. If permitted, leave the room to give the resident privacy. Check on the resident periodically.
 - n. When the resident calls that he or she has finished, return to the room.
 - o. Wash and dry your hands thoroughly. Put on gloves.
 - p. Fold back the sheet. Assist the resident in raising his or her hips. (**Note:** If the resident was rolled onto the bedpan, it may require two (2) assistants to remove the bedpan and clean the resident. Summon assistance as necessary.)
 - q. Remove the bedpan. Place it on a paper towel on the floor next to the bedside stand. Cover the bedpan immediately with a bedpan cover or paper towel. Be careful of spills.
 - r. If the resident cannot clean himself or herself, clean the perineum from front to back with toilet tissue. Wash area with soap and water as necessary. Dry with towel.
8. Return gown (or pajamas) to appropriate position.

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Steps in the Procedure (continued)

9. Reposition the bed covers. Make the resident comfortable. (**Note:** If bedmaking is to be completed, follow such procedures after this procedure has been completed.)
10. Place the call light within easy reach of the resident.
11. Take the bedpan or urinal into the bathroom. Check the feces or urine for unusual appearance.
12. Measure and record output as necessary. Collect specimens as instructed.
13. Empty the bedpan or urinal into the commode. Flush the commode.
14. Clean the bedpan or urinal. Wipe dry with a clean paper towel. Discard paper towel into designated container. Store the bedpan or urinal per facility policy. Do not leave it in the bathroom or on the floor.
15. Remove gloves. Discard into designated container. Wash and dry your hands thoroughly.
16. Allow the resident to wash his or her hands. (**Note:** Use wash basin or clean wash cloth. Be sure water in basin is clean.)
17. Position the bed as tolerated by the resident or as resident's medical condition requires.
18. Discard soiled towels, wash cloth, etc., in the soiled laundry container.
19. Discard disposable items into designated containers.
20. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.
21. Clean wash basin and return to designated storage area.
22. Clean the bedside table.
23. Wash and dry your hands thoroughly.
24. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

Documentation

The following information should be recorded on the resident's ADL and/or in the resident's medical record, if indicated:

1. The date and time the bedpan/urinal was offered.
2. The name and title of the individual(s) who offered the bedpan/urinal to the resident.
3. The amount and character of output.
4. If a specimen was collected.
5. All assessment data (e.g., skin condition) obtained during the procedure.
6. How the resident tolerated the procedure or any changes in the resident's ability to participate in the procedure.
7. If the resident refused the procedure, the reason(s) why and the intervention taken.
8. The signature and title of the person recording the data.

Reporting

1. Notify the supervisor if the resident refuses the bedpan/urinal.
2. Report other information in accordance with facility policy and professional standards of practice.