Name of Child: _____ Date: _____

Collecting Urine and Dialysate

24-Hour Urine Collection

Day #1 Date: _____

— Empty your bladder when you wake up, but do not save this urine.
It has been in your bladder over night.
— Save all your urine from this time on.
— The urine must be kept cold from the moment it is collected to the time you give it to the nurse. Keep the container in the refrigerator or on ice in a cooler. When bringing in the container, put it on ice in a cooler.
— Write the time of the first collection on the container.
— The last urine you save is the first urine of the next morning, on day #2, date: _____ This ends the test.

24-Hour Dialysate Collection

1. Get a cup from the dialysis clinic.

2. Use a drain bag for your cycler treatment.

3. On this date: _____, after the treatment, gently shake the drain bag and fill the cup with dialysate.

If you are using 2 drain bags, gently shake both bags. Empty 500 mL from each bag into the measuring container, mix solution with the special spoon, and fill the cup with dialysate.

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4. Fill out the information below:

- Volume of initial drain: _____

- Total UF: _____

❒ yes ❒ no Bring the dialysate sample you collected with your procard to the dialysis clinic on (date): _____

❒ yes ❒ no Bring the urine and dialysate you collected with your procard to the dialysis clinic on (date): _____

❒ yes ❒ no Bring the urine and/or dialysate with you to the lab when you have your blood drawn on (date): _____

If you have any questions or concerns,
❒ call your child's doctor or ❒ call _____

If you want to know more about child health and illness,
visit our library at The Emily Center at Phoenix Children's Hospital
1919 East Thomas Road
Phoenix, AZ 85016
602-933-1400
866-933-6459
www.phoenixchildrens.org
Facebook: facebook.com/theemilycenter
Twitter: @emilycenter
Pinterest: pinterest.com/emilycenter

Disclaimer
The information provided at this site is intended to be general information, and is provided for educational purposes only. It is not intended to take the place of examination, treatment, or consultation with a physician. Phoenix Children's Hospital urges you to contact your physician with any questions you may have about a medical condition.

Tuesday, May 6, 2014 • DRAFT to family review
#539 • Written by Nancy Grissom, RN and Joanne Watson, BSN, RN

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Si usted desea esta información en español, por favor pídasela a su enfermero o doctor.

#539

Collecting Urine and Dialysate

Name of Health Care Provider: _____

For office use: Date returned: _____ ❒ db

Family Review of Handout

Health care providers: Please teach families with this handout.
Families: Please let us know what you think of this handout.

Would you say this handout is hard to read? ❒ Yes ❒ No

easy to read? ❒ Yes ❒ No

Please circle the parts of the handout that were hard to understand.

Would you say this handout is interesting to read? ❒ Yes ❒ No

Why or why not?

Would you do anything differently after reading this handout? ❒ Yes ❒ No

If yes, what?

After reading this handout, do you have any questions about the subject? ❒ Yes ❒ No

If yes, what?

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Is there anything you don't like about the drawings? ❒ Yes ❒ No

If yes, what?

What changes would you make in this handout to make it better or easier to understand?

Please return your review of this handout to your nurse or doctor or send it to the address below.

The Emily Center
Health Education Specialist
Phoenix Children's Hospital
1919 East Thomas Road
Phoenix, AZ 85016-7710

602-933-1395

Thank you for helping us!

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