PURPOSE:
To provide for elimination of bodily waste in a way that respects patient's privacy.

CONSIDERATIONS:
1. Special instructions will be provided by nurse.
2. The patient in bed may be concerned about how he/she can eliminate through his/her bladder and bowels while in bed. This is particularly true of the elderly. Be aware of patient concerns and respond quickly to patient needs.
3. In giving the bedpan or urinal to a patient, consider his/her privacy and the importance of making him/her feel comfortable.
4. May use powder on the bedpan to prevent the bedpan from sticking to the patient's skin. DO NOT use powder if the patient has open sores or stool/urine sample is needed.
5. Use good body mechanics.
6. Observe skin condition.

EQUIPMENT:
Bedpan or urinal
Paper or washable cover
Toilet tissue
Towel
Plastic or rubber bed protector
Gloves

PROCEDURE:
Procedure for Use of Bedpan:
1. Adhere to Standard Precautions.
2. Explain procedure to patient.
3. Warm the bedpan with warm tap water and dry it.
4. Cover the bedpan with a paper or washable cloth when carrying it to the person.
5. Provide privacy by closing curtains, shades or doors.
6. Put bed waist high or at comfortable working height. Be sure bed wheels are locked. Add extra protection to the bed even if a plastic or rubber sheet is used on the mattress; an extra cloth may be placed under the patient's hips.
7. Sprinkle powder or cornstarch on the bedpan seat. DO NOT use powder if there are open sores, dressings or obtaining specimens.
8. With the open end of the bedpan facing towards the foot of the bed, place the bedpan near the patient. The wider end of the bedpan should be positioned towards the patient's buttocks.
9. Fold the top covers to one side to avoid soiling and partially drape the sheet or blanket to prevent chilling and provide privacy. Assist patient in removing undergarments.
10. If able, have the patient raise his/her hips and slide the bedpan under his/her hips. Have the patient raise his/her hips, have patient flex knees, place one hand under the small of the back, and on signal, push hips up as patient pushes down with hands and heels. With the other hand place the bedpan under patient's hips and adjust the pan for comfort. If patient is unable to provide assistance, roll the patient on his/her side; place the bedpan under their hips, and roll the patient back onto the bedpan.
11. Assist the patient to a sitting position if possible and provide toilet paper and a call signal. Provide for privacy and safety.
12. Remind the female to wipe from front to back to avoid bringing germs to vaginal and urethral areas. Assist patient if necessary with cleansing area.
13. Have the patient flex knees and push down with heels and hands as the bedpan is removed. Hold the bedpan firmly to prevent it from overturning. If patient is unable to provide assistance, roll to the patient on his/her side and remove the bedpan.
14. As needed, assist the patient to perform perineal care. Female patients wipe from front to back with washcloth or disposable washcloths. Pat the perineal area dry. The soiled tissues and disposable washcloths are placed in a disposable bag. Place towel in the hamper. Remove gloves, perform hand hygiene and apply clean gloves.
15. Remove the bed protector, cover the pan and take it to the bathroom.
16. Assist the patient to wash hands.
17. Position patient comfortably.
18. Inspect the contents of the bedpan. Check for blood, clots, etc., in contents, and for condition of stool, i.e., watery, hard. Discard contents in toilet.
19. Rinse the bedpan with cold water.
20. Clean the bedpan, cover and store.

Procedure for Use of Urinal:
1. Adhere to Standard Precautions.
2. Explain procedure to patient.
3. Use protector under the patient's hips.
4. Give the patient the urinal. If the patient needs assistance, place it between his legs in a position to collect the urine.
5. Provide for privacy by replacing covers and leave the room, if safety permits.
6. Remove the urinal; assist the patient with hand washing and undergarments.
7. Measure urine, if ordered. Discard urine in toilet.
8. Rinse the urinal with cold water.
9. Clean urinal, cover, and store.

AFTER CARE:
1. Document in patient's record:
   a. Time and results of elimination.
   b. Assistance required.
   c. Report any changes in the patient's condition to supervisor.
REFERENCE: