Chapter 22

ELIMINATION OF URINE

PROCEDURE FOR ASSISTING CLIENT IN USING A BEDPAN:

1. Wash your hands. Put on gloves.
2. Gather necessary equipment.
3. Explain what you are going to do.
4. Provide privacy.
5. Client should be in supine position (lying on his/her back); turn back top bedding.

NOTE: SPRINKLE POWDER ON BEDPAN TO PREVENT STICKING.

6. Client is able to assist.
   a. Have client flex his knees and lift buttocks off mattress. Assist by slipping hand under the lower part of his back. If client is wearing pajamas or underwear, lower them to his knees.
   b. With your other hand, slip the bedpan under the client’s hips and adjust.

7. Client is unable to assist.
   a. Turn client on his/her side away from you.
   b. Expose buttocks and position bedpan firmly against buttocks.
   c. Place small pillow/rolled towel at top of bedpan at the small of client's back.
   d. Turn client toward you and onto the bedpan.

8. Raise the head of bed or upper body (if allowed) for client's comfort. Place toilet tissue within reach.

9. Remove and dispose of gloves.

10. Wash your hands and leave the room.

11. Return to room promptly when the client calls or check on him after five minutes.

13. Lower the head of bed.

14. **Client is able to assist.**
   a. Place one hand under small of the back and assist client to lift his hips.
   b. Hold bedpan with other hand.

**Client is unable to assist.**
   a. Hold bedpan with one hand and roll client off pan with other hand.
   b. This prevents contents of bedpan from spilling.

15. Remove bedpan.

16. Wipe, wash and dry perineal area from front to back.

17. Take bedpan to bathroom and empty into toilet.

18. Clean equipment.


20. Store equipment.

21. Give the client a clean, wet washcloth to wash his hands, make client comfortable.

22. Record observations and report anything unusual to supervisor/nurse.