



IN HOUSE URINE TEST FOR:

PATIENT NAME

D.O.B NAME OF G.P.

CARE HOME.....

DATE SYMPTOMS STARTED

SIGNS & SYMPTOMS (tick which applies)

- *Debris in urine
 - *Sudden onset of confusion
 - *Increasing confusion
 - *Increase in no of falls
 - *Pain
 - *Loss of appetite
 - *Nocturia
 - *New onset of incontinence
 - *Frequency/Urgency (new symptoms)
 - *Haematuria
 - *Nausea and vomiting
 - *Unwell
 - *Other
 - *Offensive odour
- *Blocked catheter
 - *Sudden onset of falls
 - *Increased incontinence
 - *With fever
 - *Without fever

CombiScreen 10SL							
Results read @ 60 seconds except Leukocytes up to 120 seconds.							
Bilirubin µmol/l	NEG	15 +	35 ++	70 +++			
Urobilinogen µmol/l	NORM	35 +	70 ++	140 +++	200 ++++		
Ketones mmol/l	NEG	Trace	2.5 +	10 ++	30 +++		
Glucose mmol/l	NORM	2.8 +	5.6 ++	14 +++	28 ++++	56 +++++	
Protein g/l	NEG	Trace	0.3 +	1.0 ++	5.0 +++		
Blood Ery/µl	NEG	10 +	50 ++	300 +++			
Nitrite	NEG	POS	POS	ANY DEGREE OF PINK COLOUR			
pH	5	6	6.5	7	8	9	
Specific Gravity	1	1.005	1.01	1.015	1.02	1.025	1.03
Leukocytes Leu/µl	NEG	25 +	75 ++	500 +++			

KNOWN DRUG ALLERGIES (state name and dose)
 ALREADY ON ANTIBIOTIC – If yes (state name and dose)