

URINE ANALYSIS

PATIENT NAME: _____

DATE: ____/____/____

WEIGHT: _____ LBS.

BP: ____/____

PULSE: _____

TEST	NORMALS	ABNORMAL FINDINGS
COLOR	<input type="checkbox"/> STRAW TO AMBER	NOTE COLOR:
TRANSPARENCY	<input type="checkbox"/> CLEAR	<input type="checkbox"/> LOW TURBIDITY <input type="checkbox"/> HIGH TURBIDITY <input type="checkbox"/> MUCUS
ODOR	<input type="checkbox"/> ODERLESS	<input type="checkbox"/> SWEET <input type="checkbox"/> OFFENSIVE <input type="checkbox"/> AMMONIA <input type="checkbox"/> MEDICINE
LEUKOCYTES 2 MINUTES	<input type="checkbox"/> NEGATIVE	<input type="checkbox"/> TRACE <input type="checkbox"/> SMALL <input type="checkbox"/> MODERATE <input type="checkbox"/> LARGE
NITRITES 60 SEC.	<input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE ANY DEGREE OF UNIFORM PINK
UROBILINOGEN 60 SEC.	<input type="checkbox"/> NEGATIVE	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8
PROTEIN 60 SEC.	<input type="checkbox"/> NEGATIVE	<input type="checkbox"/> TRACE <input type="checkbox"/> 30+ <input type="checkbox"/> 100+ <input type="checkbox"/> 300+ <input type="checkbox"/> 2000 OR MORE +++
pH 60 SEC.	<input type="checkbox"/> 5.0 <input type="checkbox"/> 6.0 <input type="checkbox"/> 6.5 <input type="checkbox"/> 7.0 <input type="checkbox"/> 7.5 <input type="checkbox"/> 8.0 <input type="checkbox"/> 8.5	
BLOOD 60 SEC.	<input type="checkbox"/> NEGATIVE	<input type="checkbox"/> TRACE (NON-HEMOLYZED) <input type="checkbox"/> MODERATE (NON-HEMOLYZED) <input type="checkbox"/> SMALL <input type="checkbox"/> MODERATE <input type="checkbox"/> LARGE
SPECIFIC GRAVITY 45 SEC.	<input type="checkbox"/> 1.00 <input type="checkbox"/> 1.005 <input type="checkbox"/> 1.010 <input type="checkbox"/> 1.015 <input type="checkbox"/> 1.020 <input type="checkbox"/> 1.025 <input type="checkbox"/> 1.030	
KETONES 40 SEC.	<input type="checkbox"/> NEGATIVE	<input type="checkbox"/> TRACE <input type="checkbox"/> SMALL <input type="checkbox"/> MODERATE <input type="checkbox"/> LARGE 80-160
BILIRUBIN 30 SEC.	<input type="checkbox"/> NEGATIVE	<input type="checkbox"/> SMALL <input type="checkbox"/> MODERATE <input type="checkbox"/> LARGE
GLUCOSÉ 30 SEC.	<input type="checkbox"/> NEGATIVE	<input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 2000 OR MORE

RECOMMENDATIONS: _____

DATE: ____/____/____

WEIGHT: _____ LBS.

BP: ____/____

PULSE: _____

TEST	NORMALS	ABNORMAL FINDINGS
COLOR	<input type="checkbox"/> STRAW TO AMBER	NOTE COLOR:
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RECOMMENDATIONS: _____