Purpose
A suprapubic bladder tap is the preferred sample to obtain urine for culture. A “bladder tap” is contraindicated if the bladder is:
- empty,
- there is a skin infection over the puncture site,
- there is distension of abdominal viscera,
- there is genitourinary anomaly,
- there is a bleeding diathesis.

Ultrasound confirmation of fluid in bladder is recommended when available.

Applicability
Suprapubic bladder taps are considered an invasive procedure and will only be performed by physicians and nurse practitioners.

Equipment
Gloves – technique and sterile
Needle 1 – 1 ½ inch length, gauge dependent on infant weight

<table>
<thead>
<tr>
<th>Needle gauge</th>
<th>Infant Weight</th>
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<tbody>
<tr>
<td>22 guage</td>
<td>Greater than 2500 grams</td>
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<tr>
<td>25 guage</td>
<td>Less than 2500 grams</td>
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</tbody>
</table>

3 mL syringe
Sterile urine specimen container
Antiseptic swabs
Gauze
24% Sucrose Vial
Appropriate infant pacifier

Procedure

<table>
<thead>
<tr>
<th>ACTION</th>
<th>RATIONALE</th>
</tr>
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<tbody>
<tr>
<td>1. Identify patient using two identifiers</td>
<td>Determine correct patient for procedure. Refer to Two Patient Identification Policy</td>
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<tr>
<td>2. Ensure infant has not voided in the last hour.</td>
<td>Complications are more common when the bladder is empty.</td>
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<tr>
<td>3. Perform hand hygiene.</td>
<td>Reduces transmission of microorganisms</td>
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<tr>
<td>4. Assemble required equipment.</td>
<td>Maintain integrity of sterile field and promotes completion of procedure</td>
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</tbody>
</table>
5. Provide sucrose and pain management measures. Bladder tap is a painful procedure.

6. Restrain infant in supine, frog-leg position. To prevent sudden movement that may redirect needle entry.

7. To avoid reflex micturation:
   A. Place tip of little finger in anus of female infant and apply pressure anteriorly.
   B. Pinch base of penis gently in male infant.

7. Certified, gloved operator cleanses puncture area with antiseptic. After land marking, inserts needle 1-2 cm above symphysis pubis in the midline. The operator gently aspirates urine and removes needle. Success depends on positioning, accurate insertion site, and patient remaining still

8. Apply gentle pressure over puncture site with gauze until bleeding stops.

9. Properly label specimen. Send urine for routine microscopy (R&M) and culture and sensitivity (C&S). Ensures correct laboratory results are assigned to right patient

10. Assess patients condition during procedure and document in the patient care notes. Identifies any changes that may indicate complications

**Complications to observe for post procedure:**
Minor transient hematuria is the most commonly reported complication. Other complications could include gross hematuria, hematoma, infection, bowel or pelvic organ perforation.

**Related Documents**
Adapted with permission from Stollery Children’s Policy and Procedure Manual:
Bladder Tap – Assisting – Procedure, March 2012

**RELATED POLICIES AND PROCEDURES**
Pain, Assessment and Management
Pain Management
Sucrose Administration Policy
Corporate policy, Identification of Patient Resident or Client Using Two Identifiers VII-B-25

**References**

Signing

Original Signed

GAIL CAMERON
SENIOR DIRECTOR OPERATIONS
MATERNAL, NEONATAL & CHILD HEALTH PROGRAMS
COVENANT HEALTH
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