Cheatography

Clinical Findings:

• If blood glucose is normal but urine glucose is high \Rightarrow Glucose is not being reabsorbed \Rightarrow Problem with proximal tubule \Rightarrow will also cause a high phosphatemia

- Conjugated bilirubin in urine ⇒ liver disease or common bile duct is obstructed ⇒ No urobilinogen
- · Unconjugated bilirubin isn't water soluble, can't be found in the urine
- Leukocytes ⇒ Can be caused by a kidney infection/UTI
- Nitrite \Rightarrow Indicative of gram negative kidney infection
- Protein ⇒ Should never be in urine ⇒ Glomerular damage ⇒ Should always be checked in HTN and DM patients
- pH abnormality ⇒ Diabetic Ketoacidosis
- · Blood:
- ► Macroscopic \Rightarrow Red colour in urine
- $\blacktriangleright Microscopic \Rightarrow Not visible to the naked eye$
- ➤ If blood is present in urine ⇒ test for pyruvate, test for myoglobin/haemoglobin
- ▷ Myoglobin = muscle breakdown (Rhabdomyolysis), i.e. after heavy exercise
- Specific Gravity => Reflects hydration, will be elevated if anything is present in urine, i.e. glucose, etc.
- Ketones \Rightarrow Found in anorexics, starvation, diabetes, etc. \Rightarrow breakdown of fat
- \blacktriangleright Ketones can cross the blood brain barrier in pregnant women \Rightarrow Can hurt the foetus

Children present with Kussmaul's breathing, metabolic acidosis => Respiratory alkalosis, there is a spike in presentations in 20 year olds

What would be the next test be after detecting a high glucose in urine?

► A blood glucose test

Diabetics and patients with Hypertension need urine analysis often

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Introduction:		
W	Wash Hands	
I	Introduce Yourself + Patient's Identity	
Р	Permission	
Р	Patient Position + Pain	
E	Explaination	
Instructions:		
Put on gloves and place tissue paper on desk		
Identify urine sample and check patient identity matches		
Inspects urine and comments on colour		Comment on obvious blood
Examine for cloudiness/sediment		Ensure to mention this
Check expiry date on dipsticks		
Take out dipstick and immediately close container		
Immerse all pads of dipsticks in urine		Do not spill urine
Remove dipstick and start timer		
Place dipstick <i>horizontally</i> on tissue paper		
Compare pads to the container at the correct times without touching against the container		
		Wrap urinalysis stick in tissue, fold into glove, fold both into second glove
Wash hands		
Report abnormalities present in urine, link to appropriate clinical case, and answer any relevant questions		

By **hjsdhaj**

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