

Urine Ketone Tests

Patient Information

- **Name:**
- **Date of Birth:**
- **Medical Record Number:**

Clinical History

- **Diagnosis/Condition:**
- **Medications:**
- **Other Relevant Information:** The patient has been experiencing nausea, increased thirst, and elevated blood sugar levels for the past 24 hours.

Procedure: Urine Ketone Test

- **Collection Time:**
- **Urine Sample Type:**
- **Test Strip Expiry Date:**

Test Procedure

1. **Hand Hygiene:** Wash hands thoroughly.
2. **Patient Preparation:** Explained the Urine Ketone Test and its significance to the patient.
3. **Urine Collection:** The patient collected first-morning urine in a clean container.
4. **Dipping the Test Strip:** Submerged the Urine Ketone Test strip into the urine sample for a few seconds.
5. **Excess Urine Removal:** Gently shook the strip to remove excess urine without touching the reagent area.
6. **Waiting Time:** Laid the strip flat and waited approximately 30 seconds for the reaction.
7. **Color Comparison:** Compare the strip to the provided color chart. Recorded the ketone level as "Moderate."
8. **Result Recording:** Documented the result in the patient's medical record.

Interpretation and Follow-up

- Negative:**
- Trace/Small:**
- Moderate:**
- Large:**

Notes:

Provider's Signature:

Date: