

Mosby's Nursing Video Skills

Procedure Guideline for Assisting with a Bedpan

1. Perform hand hygiene.
2. Introduce yourself.
3. Provide for the patient's privacy by closing the door or drawing the bedside curtain.
4. Identify the patient using two identifiers.
5. Apply gloves and gather supplies.
6. Place the bedpan under warm running water for a few seconds, and then dry it. Be careful not to let the bedpan become too hot.
7. Raise the side rail on the opposite side of the bed. Raise the bed to a comfortable working height.
8. For the patient who can assist with getting onto the bedpan, do the following:
 - A. Assist the patient into a supine position, laying the head of the bed flat unless contraindicated. Observe for the presence of drains, dressings, IV fluids, and traction. These devices might make it difficult for a patient to assist with the procedure, and you will probably need more personnel to help you place the patient on the bedpan. Raise the head of the patient's bed to 30-60 degrees.
 - B. Move the top bed linens out of the way, taking care not to expose the patient.
 - C. Instruct the patient on how to flex the knees and lift the hips.
 - D. Slide your hand, palm up, under the patient's sacrum to assist with lifting. Ask the patient to bend his or her knees and raise the hips. As the patient raises the hips, use your other hand to slip the bedpan under the patient. The open rim of the bedpan should face the foot of the bed. Do not force the pan under the patient's hips.
 - E. If you are using a fracture pan, slip it under the patient when he or she raises the hips. Be sure that the deep, open, lower end of the bedpan is facing the foot of the bed.
 - F. If the bed is equipped with an overhead trapeze frame, ask the patient to use it to help raise the hips.
 - G. Make sure toilet paper is within reach. Instruct of the patient on how to properly wipe to prevent transmission of bacteria into the urinary tract.
9. Ensure that bed is in the lowest position, and raise the upper side rails.
10. Make sure the patient knows where the call light is located and instruct the patient to use it when finished.
11. Remove and discard your gloves and perform hand hygiene.
12. Allow the patient to be alone, but monitor his or her status and respond promptly to the call light.
13. When patient is finished, perform hand hygiene and apply clean gloves.
14. Remove the bedpan:
 - A. Place the bedside chair close to your side of the bed within easy reach, and drape it with a waterproof pad.
 - B. Move the top bed linens out of the way, exposing the patient as little as possible.

- C. Determine if the patient is able to wipe his or her own perineal area. If you need to cleanse the patient's perineal area, use several layers of toilet tissue or disposable washcloths.
 - D. Deposit contaminated tissues in the bedpan if no specimen or intake and output measurements (I&O) are needed. If necessary, place the contaminated tissue or disposable washcloths in appropriate container.
 - E. Ask the patient to flex the knees, placing body weight on the lower legs, feet, and upper torso, and then lift the buttocks up from the bedpan. At same time, place your hand that is farthest from the patient on the side of the bedpan to support it and prevent spillage. Place your other hand under the patient's sacrum to help lift the patient. As you do so, remove the bedpan, place it on the draped bedside chair, and cover the bedpan with a cover or towel.
15. Change any soiled linens, remove and dispose of gloves, and return the patient to a comfortable position.
16. Place the bed in its lowest position. Allow the patient to perform hand hygiene. Ensure that the patient has easy access to the call light, drinking water, and any personal items he or she might wish to use. Perform hand hygiene.
17. For the patient who is immobile or has mobility restrictions in getting onto the bedpan, follow these steps:
- A. Apply clean gloves. Raise the bed to a comfortable working level. Lower the head of the bed to the flat position, or raise the head of the bed slightly if the patient can tolerate it given his or her medical condition.
 - B. Move the top linens as necessary to turn the patient while minimizing exposure.
 - C. Lower the side rail. Help the patient roll onto his or her side, with the patient's back toward you. Place the bedpan firmly against the patient's buttocks and push it down into the mattress. Be sure that the open rim of the bedpan is facing the foot of the bed.
 - D. Use one of your hands to keep the bedpan centered under the patient, and place the other hand around the patient's far hip. Ask the patient to roll back onto the bedpan, flat in bed. Do not force the pan under the patient.
 - E. Place a small pillow or a towel under the lumbar curve of the patient's back to reduce back strain while the patient sits on the bedpan.
 - F. Cover the patient for warmth. Raise the head of the bed to 30 degrees, or to a level that is a comfortable sitting position for the patient, unless doing so is contraindicated for the patient's medical condition.
 - G. Ask the patient to bend his or her knees, or raise the knee gatch (unless contraindicated).
18. Allow the patient to be alone, but monitor his or her status and respond promptly to the call light.
19. Perform hand hygiene and apply clean gloves.
20. To remove the bedpan
- A. Move the top bed linens out of the way, exposing the patient as little as possible.
 - B. Determine if the patient is able to wipe his or her own perineal area. Assist if needed.
 - C. Lower the head of the bed. Help the patient roll onto his or her side, away from you and off of the bedpan. To prevent spillage, hold the bedpan flat and steady as

- the patient rolls off of it. Place the bedpan on the draped bedside chair, and cover the bedpan with a cover or towel. If you need to cleanse the patient's perineal area, use several layers of toilet tissue or disposable washcloths.
- D. Deposit contaminated tissues in the bedpan if no specimen or intake and output measurements (I&O) are needed. If necessary, place the contaminated tissue or disposable washcloths in appropriate container. Allow the patient to perform hand hygiene after cleansing the perineal area.
21. For follow up care, note characteristics of the patient's stool and urine. Collect specimens if ordered.
 22. Wear gloves when emptying the contents of the bedpan into the toilet or into a special receptacle in the utility room. Toilets in most institutions have a spray faucet attachment. If available, use it to rinse the bedpan thoroughly. Use a disinfectant if required by your agency. Store the bedpan.
 23. Remove and discard gloves, and perform hand hygiene.
 24. Document the amount, color and characteristics of stool and tolerance to getting on and off the bedpan.