

Point of Care Testing for Urine Drugs of Abuse PREPARED BY Kerry Horne, Sarah Legg RATIFIED BY VERSION 0.1 REVIEW DATE August 2024

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PURPOSE

The purpose of this SOP is to describe the process for screening pregnant/recently delivered women for drugs of abuse by testing their urine.

OBJECTIVE

To ensure that women who are known users of illicit drugs are appropriately screened for recent drug use prior to giving their breastmilk to their babies.

SCOPE

This SOP applies to all women who are known drug users who wish to breastfeed their babies.

COMPETENCIES

Registered Midwives who have completed the Competency for Point of Care Testing (POCT) for Urine Drugs of Abuse.

PROCESS

Women meeting the criteria to be identified in the antenatal period by the safeguarding team. For inutero transfers where there is documentation of drug use, decision for offering a POCT test to be made by the Labour Ward Team Leader and Obstetric team based on clinical history.

Registered midwife to explain the procedure to the patient & gain consent.

Obtain two urine samples from the patient. One sample to be used for POCT and second sample to be sent to laboratory for confirmatory testing.

Collect required equipment in an appropriate setting e.g. dirty utility room. Check equipment is in date and has been stored according to the manufacturer's recommendations.

Decontaminate hands and apply non-sterile gloves and apron. Consider other PPE in line with Trust guidelines.

Visibly inspect the urine. Record whether the colour is typical of urine and if it has no smell. If suspicious that the sample is not urine consider testing using a urine dipstick test to look for specific gravity results. Results for specific gravity of below 1.005 are suspicious of a very dilute urine. A very dilute urine will likely give negative results whether drugs have been taken or not.

Dip the reagent strips in the urine for 10-15 seconds ensuring that the white strips are completely immersed. Run the strips along the edge of the container to remove excess urine.

Replace the cap over the absorbent tip and lay the device down on a clean dry surface

Read the results from both sides of the test panel at 5 minutes (results no longer valid after 10 minutes)

Ensure there is a red line present in the Control section (C) of each of the testing strips. The test is invalid if the red lines are not present.

A visible red line indicates a Negative result for the corresponding drug.

No line indicates a Positive result for the corresponding drug.

Have a second staff member read the results of the test within the 10minute time frame.

Discard equipment and PPE in line with Trust policy and decontaminate hands.

RESPONSIBILITIES

Trained Midwives

To ensure POCT is carried out for identified women according to the management plan and results actioned accordingly.

Ward Managers

To ensure staff are trained and competent to carry out POCT

To ensure tests are only carried out by a competent staff member

Maternity Safeguarding team

To ensure identify eligible women and update the management plan on BadgerNet accordingly.

To support staff to maintain competencies through regular QA testing of the equipment

AUDIT

 All POCT tests to be recorded and laboratory sample results compared to POCT result to ensure accuracy

RISKS

- 1. POCT is less sensitive than laboratory tests so there is a risk of a false negative POC results.
- 2. POCT test does not indicate if the urine is dilute.
- 3. Maintaining competency of staff will be challenging given the low frequency of testing

MITIGATION FOR RISKS

- 1. POCT results will be compared to laboratory tests to provide assurance regarding accuracy
- 2. If there is any concern over the urine being too dilute (as per above process) the POCT result should not be used for clinical decision making.
- 3. Regular simulated testing of dummy samples to be carried out in clinical areas by safeguarding team to aid staff in maintaining competency

Appendix 1 – On the Spot Results Checklist

<u>Urine Drug Test</u>	Ashford and St. Peter's Hospitals
Patients Name: Patients DOB:	NIS III
Patients Hospital Number:	
Consent Given: Yes	No
Date & Time Sample Provided:	
Date & Time Test Read: Test Performed by:	Witnessed by:
Kit Name:	Lot Number:
To carry out drug testing kit, please fo	ollow instructions on outside of foil packet.
	nger than 10 minutes after test taken.
Quality of Urine:	
Colour:	Odour:
Specific Gravity (if required, see SOP):	<u> </u>
Service Administration of the first of the service and the ser	
Put V in corresponding box:	
P N	P N
MET - Metamphetamine	MOR - Morphine
P N	P N
MTD - Methadone	OPI - Opiates
P N	P N
BZO - Benzodiazapine	COC - Cocaine
(Prescribed or illicit)	
P N	P N
KET - Ketamine	THC - Cannabis
P N	P N
BUP - Buprenorphine	AMP - Amphetamines
This is for diagnostic use only and must	not be shared without patient consent.
TEST RESULTS	
line 🔲	
e	
for	
st	L
BOTH lines Presen	t TOP line only present
NEGATIVE	POSITIVE
sent to pathology lab for further testing:	Date: Time:

This form needs to be scanned and sent to asp-tr.safeguarding.midwives@nhs.net

^{**} Full instructions and details regarding test can be found on the foil outer packaging

^{***} This document is a guide only