

 ORIGINAL ARTICLE

Impact of cleaning before obtaining midstream urine samples from children

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INTRODUCTION

Microbiological documentation of one uropathogenic bacterium in significant numbers in urine from patients with typical symptoms is the gold standard for diagnosing urinary tract infection (UTI). Cleaning before collecting midstream urine (MSU) is reported not to reduce the risk of contaminating the sample and was therefore omitted at Hvidovre Hospital as from the autumn of 2006. We evaluate if no cleaning increased the risk of contamination in the Department of Paediatrics.

MATERIAL AND METHODS

A total of 1,858 patients aged 0-15 years who were suspected of UTI delivered two MSUs within 24 h. In 2004-2006 ("cleaning period"), 523 children were cleaned before obtaining two MSUs, contrary to the 1,335 children included in 2008-2010 ("non-cleaning period"). Significant bacteriuria was defined as at least 10,000 colony-forming units/ml of the same uropathogenic bacterium in two MSUs in monoculture. Contamination was defined as all other microbiological findings.

RESULTS

The procedure of no cleaning before sampling increased the risk of contamination in 0-9.9-year-old children from 43% to 49% ($p = 0.034$); and specifically in 0-9.9-year-old girls, the risk of contamination increased from 47% to 55% ($p = 0.018$). No significant effect was demonstrated in 10-15-year-old girls ($p = 1.0$) or in boys, independent of age ($p = 0.19$). In both periods, 31% of paired MSUs from the same child were without any bacterial or fungal growth.

CONCLUSION

Cleaning before collecting urine from girls younger than ten years of age is recommended to minimise the risk of contamination. Cleaning was without effect on children aged 10-15 years.

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 ORIGINAL ARTICLE

Patients and general practitioners have different approaches to e-mail consultations

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INTRODUCTION

The few extant Danish studies on e-mail consultations were undertaken before it became mandatory under Danish law to offer patients this form of consultation. This study investigates the ways in which patients and general practitioners communicate with each other by e-mail, explores factors influencing this means of communication and puts into perspective the potential of e-mail consultations in patient treatment.

MATERIAL AND METHODS

The study is explorative and based on an individual interview and four qualitative focus group interviews. The empirical data were analysed from a social constructivist and a practice-theoretical approach.

RESULTS

The study indicated that patients wanted to be able to use the general practitioner (GP) as a sparring partner in e-mail consultations. They expected a reply in case of uncertainties. The GPs found it difficult to handle complicated medical problems by e-mail and they tended to send a standard reply. A number of patients perceived the wording of the standard reply as a rejection of their problem. Patients highlighted the logistical advantages of e-mail consultations, the physical separation of doctor and patient which made it easier for them to disclose psychological or intimate issues. The GPs preferred short uncomplicated questions with no option for the patient to enter into a discussion.

CONCLUSION

Patients and GPs have different approaches to e-mail. The development of clear guidelines for patients and revised guidelines for GPs regarding e-mail consultations is therefore recommended.

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