OKLAHOMA DEPARTMENT OF CORRECTIONS

MSRM 140117.01.12.8
(R 4/19)

UA DIPSTICK RESULTS

SPECIFIC GRAVITY:	❑ 1.0	❑ 1.005	❑ 1.010	❑ 1.015	❑ 1.020	❑ 1.025 ❑ 1.030
PH:	❑ 5.0 ❑ 5.5	❑ 6.0 ❑ 6.5	❑ 7.0 ❑ 7.5	❑ 8.0 ❑ 8.5	❑ 9.0	
LEUKOCYTES:	❑ Negative (-)	❑ Trace (±)	❑ 1+	❑ 2+	❑ 3+	
NITRATE:	❑ Negative (-)	❑ Positive (+)				
PROTEIN:	❑ Negative (-)	❑ Trace (±)	❑ 1+	❑ 2+	❑ 3+	
GLUCOSE:	❑ Negative (-)	❑ Trace (±)	❑ 1+	❑ 2+	❑ 3+	
KETONES:	❑ Negative (-)	❑ Trace (±)	❑ 1+	❑ 2+	❑ 3+	
UROBILINOGEN:	❑ Negative (-)	❑ Trace (±)	❑ 1+	❑ 2+	❑ 3+	
BILIRUBIN:	❑ Negative (-)	❑ Trace (±)	❑ 1+	❑ 2+	❑ 3+	
BLOOD:	❑ Negative (-)	❑ Trace (±)	❑ 1+	❑ 2+	❑ 3+	
HEMOGLOBIN FROM BLOOD	❑ Negative (-)	❑ Trace (±)	❑ 1+	❑ 2+	❑ 3+	

UA Color:_____

UA Clarity:_____

Comments: _____

_____

_____

_____

Health Care Provider Notified: Date: _____ **Time:** _____ **Orders Received for Treatment:** ❑ **Yes** ❑ **No**

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN Signature/Credentials: _____**Date:** _____ **Time:** _____

Inmate Name (Last, First) **DOC #**