

DEPARTMENT OF NURSING SERVICES

SWAB SPECIMEN PROCEDURE

PURPOSE:

To outline the nursing responsibility and methodology for obtaining swab specimens.

SUPPORTIVE DATA:

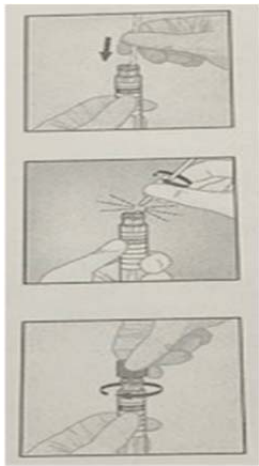
Correct collection and handling of swab specimens is critical for the accurate identification of pathogens. The type of swab used depends on the part of the body affected (For pictures of available swab systems, Refer to the specimen collection container guide).

- A. Throat Swab
- B. Nasopharyngeal Swab
- C. Wound Swab
 - Culturing Skin Exudates
 - Culturing Superficial Wounds
 - Anaerobic Culture: Deep Wounds only

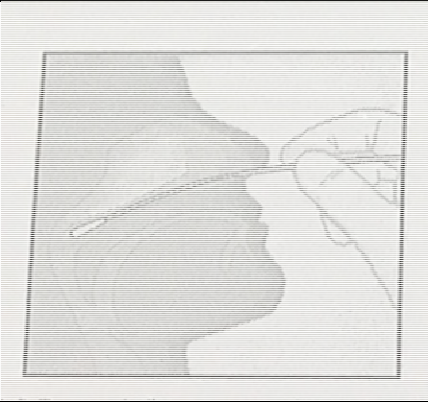
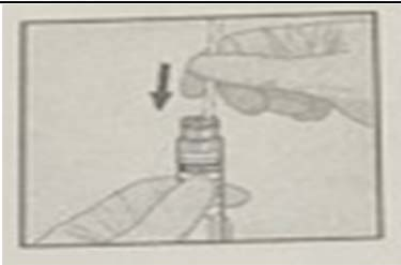

EQUIPMENT LIST:

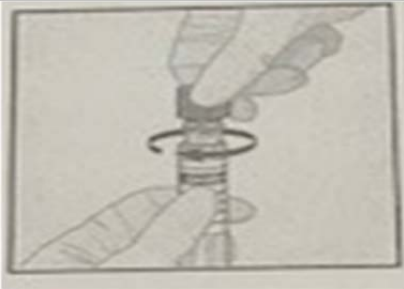
- Personal Protective Equipment (PPE) - eye protection, facemask
- Clean gloves (Throat and Nasopharyngeal Swab procedures)
- Sterile gloves – (Wound Swab procedures)
- Tongue blades 1 – 2 (Throat Swab procedure)
- Appropriate specimen collection swab 1 – 2
- Appropriate specimen transport (one per swab):
 - Amies semisolid gel
 - Liquid elution
 - Universal Transport Medium (UTM)
 - M4 medium
- Specimen labels (1 for each specimen to be collected)
- Biohazard bag
- Chlorhexidine swab 1 – 2 as needed
- Dressing supplies, as needed

A. THROAT SWAB	
1. Ask if patient used mouthwash or antibiotics	Mouthwash or antibiotics could cause inaccurate results.
2. Compare the specimen labels to the patient. Identify patient using two patient identifiers.	Two patient identifiers must be used (Patient name and medical record number).
3. Explain the swabbing procedure to the patient (if pediatric patient also explain to the parent/guardian/caregiver).	Let the patient and parent/guardian/caregiver know that gagging or coughing may occur but, the procedure will take less than one minute.

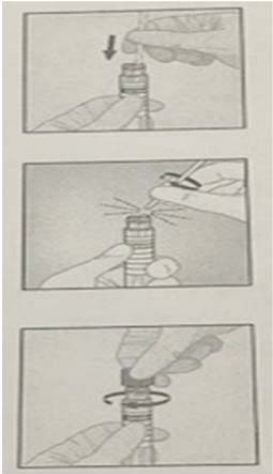
<p>4. Instruct the patient to: sit up right at the edge of the bed/gurney or sit up on the bed/gurney with head braced against the back of the gurney or sit up in a chair facing you.</p>	
<p>5. Perform hand hygiene.</p>	
<p>6. Don PPE.</p>	<p>PPE includes facemask and eye protection.</p>
<p>7. Don clean gloves.</p>	
<p>8. Ask the patient to tilt head back.</p>	
<p>9. Depress the tongue with the tongue blade and illuminate the throat with the penlight.</p>	<p>Allows for visualization of the throat to check for inflamed areas.</p> <p>If the patient begins to gag or cough, withdraw the tongue blade and have the patient breathe deeply. Once the patient is relaxed, reinsert the tongue blade but not as deeply as before.</p>
<p>10. Using the routine aerobic swab or elution swab system (whichever is available), wipe the tonsillar areas from side to side, including any inflames or purulent sites.</p>	<p>Do not to touch the tongue, cheeks, or teeth with the swab to avoid contamination with oral bacteria.</p>
<p>11. Withdraw the swab and immediately place in the culture tube/container:</p> <div data-bbox="126 1373 444 1434" style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> <p>Amies semisolid gel</p> </div> <ul style="list-style-type: none"> • Crush the ampule of culture medium at the bottom of the tube and push the swab into the medium to keep the swab moist. <div data-bbox="126 1591 518 1652" style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> <p>Liquid elution swab system</p> </div> <ul style="list-style-type: none"> • Place the swab into the tube just above the scored solid line. Break the swab shaft off at the colored line against the side of the tube • Close the lid tightly to prevent leakage • Discard the top portion of the swab shaft. 	<p>Placing the swab into the transport medium immediately after obtaining the specimen keeps the swab from drying out and decreases the risk of the swab contamination.</p> 
<p>12. Label the specimen at the patient bedside/gurney/chair side with the pre-printed labels.</p>	

<p>13. Place container with specimen into a biohazard plastic bag. and send to the laboratory immediately.</p>	<p>Sending the specimen immediately to the laboratory helps prevent growth or deterioration of microbes. Specimens submitted more than 24 hours after collection will be cancelled.</p>
<p>14. Doff gloves and discard.</p>	
<p>15. Perform hand hygiene.</p>	
<p>B. NASOPHYARYNGEAL</p>	
<p>1. Ask if patient used mouthwash or antibiotics</p>	<p>Mouthwash or antibiotics could influence an inaccurate culture.</p>
<p>2. Compare the specimen labels to the patient's armband or identification card using two patient identifiers.</p>	<p>Two patient identifiers must be used (Patient name and medical record number).</p>
<p>3. Explain the swabbing procedure to the patient (if pediatric patient also explain to the parent/guardian/caregiver). (Inform adult patients that the procedure will be performed two times Pediatric procedure will be performed once).</p>	<p>Let the patient know that gagging may occur but, the procedure will take less than one minute. Adult patient: Swab both nostrils using a different swab for each nostril. Pediatric patient: Only swab one nostril.</p>
<p>4. Perform hand hygiene.</p>	
<p>5. Don PPE.</p>	<p>PPE includes facemask and eye protection.</p>
<p>6. Don clean gloves.</p>	
<p>7. Pass the swab through the nostril that has the most secretions and is the most patent.</p>	
<p>8. Keep the swab near the septum and floor of the nostril, while gently pushing it into the posterior nasopharynx.</p>	<p>As a visual reference, the swab should be inserted about half of the distance from the opening of the patient's nostril and tip of ear. Be sure to prevent hyper extension in neonates.</p>

	
9. Rotate the swab slowly several times and remove it.	
10. Keeping swab in hand, aseptically remove the cap from the specimen tube.	
11. Insert the swab into Universal Transport Medium (UTM) immediately. Note: may use M4 Viral transport if UTM not available.	Placing the swab into the transport medium immediately after obtaining the specimen keeps the swab from drying out and decreases the risk of the swab contamination.
12. Identifying the score line, break off swab shaft against the side of the tube.	
13. Discard the top portion of the swab shaft.	

<p>14. Screw the top onto the UTM/M4 vial.</p>	
<p>15. Repeat steps 7-14 to obtain a second Specimen for adults.</p>	
<p>16. Label the specimens at the patient's bedside / gurney/chair-side with the pre-printed labels.</p>	
<p>17. Place containers with specimens into a biohazard bag and send to the laboratory immediately.</p>	<p>Sending the specimen immediately to the laboratory helps prevent growth or deterioration of microbes. Specimens should be transported at 2 - 8 °C. Specimens submitted more than 24 hours after collection will be cancelled.</p>
<p>18. Doff gloves and discard.</p>	
<p>19. Perform hand hygiene.</p>	
<p>C. WOUND SWAB</p>	
<p>1. Compare the specimen labels to the patient's armband or identification card using two patient identifiers.</p>	<p>Two patient identifiers must be used (Patient name and medical record number).</p>
<p>2. Explain the wound swabbing procedure to the patient (if pediatric patient also explain to the parent/ guardian/caregiver).</p>	
<p>3. Perform hand hygiene.</p>	
<p>4. Prepare sterile field</p>	
<p>5. Don sterile gloves.</p>	
<p>6. Use sterile technique to remove the dressing and expose the wound.</p>	
<p>7. Dispose of soiled dressing.</p>	
<p>8. Clean the area around the wound with a chlorhexidine scrub and let dry for 30</p>	<p>Cleaning the area around the wound reduces the risk of contamination with normal skin bacteria.</p>

seconds. <u>If allergy to chlorhexidine:</u> Clean area around the wound with 3 povidone-iodine pads and let dry for 1 minute.	
9. Open the collection swab wrapper and remove the swab being careful not to touch the tip of the swab or lay it down.	If the tip of the swab is touched by hand or a surface it will be contaminated and may give false results.
10. Choose the type of culture below that you will obtain and follow the steps as directed:	11a is for Culturing Skin Exudates 11b - 12b is for Culturing Superficial Wounds 11c-12c is Anaerobic Culture for Deep Wounds
• CULTURING SKIN EXUDATES	
11a. Use the routine aerobic swab or elution swab system (whichever is available) to culture skin exudates. Then, go to steps 13-21. Note: Use a different aerobic or elution swab system to culture the wound	Never collect exudates from the skin and then insert the same swab into the wound.
• CULTURING SUPERFICIAL	
11b. Using the routine aerobic swab or elution swab system (whichever is available)_insert the swab into the deepest part of the wound and gently rotate it.	
12b. Remove the swab from the wound. Then go to step 13-21.	
• ANAEROBIC CULTURE: DEEP WOUNDS ONLY	
11c. Use the aerobic swab system or elution swab system and insert the swab deeply into the wound and rotate gently.	
12c. Remove swab from the wound. Then, go to steps 13-21.	
13. Place swab into the culture /container,	

<p>immediately:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">Amies semisolid gel</div> <ul style="list-style-type: none"> Crush the ampule of culture medium at the bottom of the tube and push the swab into the medium to keep the swab moist <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">Liquid elution swab system</div> <ul style="list-style-type: none"> Place the swab into the tube just above the scored solid line Break the swab off at the colored line Close the lid tightly to prevent leakage. 	
<p>14. Label the specimens at the patient's bedside / chair-side with the pre-printed labels.</p>	
<p>15. Place containers with specimens into a biohazard bag and send to the laboratory immediately.</p>	<p>Sending the specimen immediately to the laboratory helps prevent growth or deterioration of microbes. Specimens should be transported at 2 - 8°C. Specimens submitted more than 24 hours after collection will be cancelled.</p>
<p>16. Doff gloves and discard.</p>	
<p>17. Perform hand hygiene.</p>	
<p>18. Don sterile gloves.</p>	
<p>19. Apply a new dressing to the wound.</p>	
<p>20. Doff gloves and discard.</p>	
<p>21. Perform hand hygiene.</p>	

<p>Initial date: 4/19</p>	<p>Reviewed and approved by: Professional Practice Committee Nurse Executive Council Attending Staff Association Executive Committee</p>	<p>Revision date:</p>
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