

CONSIDERATIONS:

1. Swabs of the nose, throat or naso-pharyngeal area are obtained to determine causative organisms for upper respiratory infections.
2. Most common orders for swabs are:
 - a. Nasal swabs:
 - i. MRSA screening
 - ii. Sinus infections
 - iii. Influenza outbreak
 - b. Throat swabs:
 - i. Group A Streptococcus
 - c. Nasopharyngeal swabs:
 - i. RSV
 - ii. Pertussis
 - iii. Diphtheria
3. Infection precautions:
 - a. Obtaining swabs means potential contact with bodily fluids. Wear gloves
 - b. Swabbing nose and throat stimulates sneezing and coughing. Mask and goggles may be indicated.

Do not obtain a throat culture if the epiglottis is inflamed. Sampling may cause serious respiratory obstruction. EQUIPMENT:

Gloves
Penlight
Tongue blade
Paper towel or gauze sponge
Biohazard specimen bag
Biohazard specimen transport bag

For nasal or throat swab:

Swab/culture set

For nasal pharyngeal swab:

Flexible shaft nasopharyngeal swab, with Rayon tip

PROCEDURE:

1. Use two patient identifiers.
2. Adhere to Standard Precautions and explain procedure to patient/caregiver.
3. Patient can be in lying or sitting position.
4. Nasal swab:
 - a. Ask patient to blow nose
 - b. Ask patient to tilt head back
 - c. Assess nares using penlight. Use most patent of nares
 - d. Insert swab about one inch into the nose until resistance is met at turbinates
 - e. Rotate swab gently along the wall of the nares, allowing swab to absorb nasal mucous
 - f. Remove swab, placing it into the culture tube
5. Throat swab/culture:

- a. Avoid doing procedure after meals, as it stimulates the gag reflex and could precipitate vomiting
 - b. Ask patient to tilt head back, open mouth and say "ah"
 - c. Using the tongue blade and a penlight, visualize the epiglottis and tonsils:
 - i. Note areas of swelling and exudate
 - ii. Do not do throat culture if epiglottis is inflamed
 - d. Insert swab, and swab area behind uvula, on the tonsillar areas, especially areas that appeared inflamed or purulent
 - e. Remove swab, keeping it clear of other mouth structures
 - f. Place swab in culture tube
6. Nasopharyngeal swab:
- a. Bend shaft to follow curve of the nasopharynx
 - b. Insert swab through nostril to posterior nasopharynx. (Same distance as from the nostrils to the external opening of the ear)
 - c. Rotate swab a few times to collect infected cells
 - d. Repeat procedure using the other nostril
 - e. Place swab in culture tube
7. Use a paper towel or gauze sponge to crush the ampule of culture media at end of tube.
 8. Push swab into medium.
 9. Place and secure lid back on tube.
 10. Discard soiled supplies in appropriate container.
 11. Label tube with patient's first and last names, birthdate, date and time obtained, your initials.
 12. Place tube in biohazard bag.
 13. Place completed requisition in pocket of biohazard specimen bag.
 14. Place specimen bag in biohazard transportation bag.

AFTER CARE:

1. Document in patient record:
 - a. Date and time specimen collected
 - b. Location swabbed
 - b. Signs noted at site swabbed (e.g., purulent exudate)
 - c. Name of lab, date/time delivered

REFERENCE:

CDC (n.d.). Specimen Collection Guidelines. Retrieved on May 30, 2012 from <http://emergency.cdc.gov/urdo/pdf/SpecCollecti onGuidelines.pdf>

CDC (2010). Clinician Guide. Retrieved on May 30, 2012 from <http://www.cdc.gov/getsmart/healthcare/learn-from-others/resources/clinician-guide.html>

HHF Labs and Specimens – NOSE/THROAT

Perry, A., Potter, P. & Elkin, M. (2012). Nursing Interventions and Clinical Skills, 5th Edition. St. Louis: Elsevier/Mosby.

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