PATIENT PREPARATION

This specimen collection can cause discomfort to sensitive mucosal membranes. Patients should clearly understand how each specimen is to be collected to minimize anxiety or discomfort.

1. Plan to collect throat culture/swab before mealtime **or** a minimum of 60 minutes after eating.
2. Explain procedure to patient and/or family member. Discuss reason for specimen collection and how patient can assist.
3. Explain that patient may have tickling sensation or gag during swabbing of throat. Nasal swab may create urge to sneeze. Both procedures require only a few seconds.

SPECIMEN REQUIREMENTS

1. Universal Transport Media (UTM): nasopharyngeal collection
   Sunquest Order Codes: **RESP21, S2FPC, S2FRP**
   Store at room temperature. Stable until manufacturers outdate.
2. BBLCultureSwab: Nasal (nares) collection
   Sunquest Order Codes: **SCMRSA, SMRSST, SMRSNC, MRSPCR**
   Store at room temperature or refrigerated for up to 72 hours prior to testing. Stable until manufacturers outdate. No calcium alginate swabs will be accepted. After collection, store swab specimen at room temperature (15-30ºC) if it will be processed within 24 hours, otherwise store swab at 2-8ºC. The swab specimen is stable up to 5 days when stored at 2-8ºC.
3. Copan Culturette/E-Swab Combo kit. **GPAAG, GPAPCR**
   Store at room temperature. Stable for 72 hours prior to testing.

INTERFERING SUBSTANCES/LIMITATIONS/SPECIFICITY

1. The quality of the test depends on the quality of the sample; proper nose or throat specimens must be obtained. Excess blood or mucus on the swab specimen may interfere with test performance and may yield a false positive result.
2. A negative result may be obtained if the specimen is inadequate, or antigen concentration is below the sensitivity of the test.
3. Erroneous test results might occur from improper specimen collection, not following the recommended sample collection procedure, handling or storage, technical error, sample mix-up, or because the number of organisms in the specimen is not detected by the test. Careful compliance to the instructions in this insert is necessary to avoid erroneous results.

CLINICAL SIGNIFICANCE

Patients frequently have signs or symptoms of upper respiratory or sinus infections. A Nasopharyngeal specimen is often used to screen for viral illnesses like COVID 19, Influenza (A and B) and Bordetella Pertussis (Whooping cough). A nose or throat culture/specimen is a simple diagnostic tool for both screening and determining the organism causing the patient's symptoms. Throat swabs are usually collected to detect Strep A (strep throat). Nasal swabs may also be requested for screening patients MRSA carrier status, usually before a surgery or other invasive medical procedure.

REAGENTS/SUPPLIES/EQUIPMENT

1) BBL CultureSwab collection and transport system
2) 1.0 mL Universal Transport Media (UTM) with flexible mini-tip flocked swab
3) Copan culturette/E-swab combo kit
4) Tongue blade (tongue depressor)
5) Facial tissues

REFERENCED PROCEDURES

1. SOP 8800-17 Hand Hygiene
2. Gen101_Patient Identification
3. CC104_Specimen Labeling
4. M206_Specimen Collection-Nasopharyngeal Swab
5. CC101S4 Gowning/degowning for Isolation Procedure

PROCEDURE

1. **EXTREMELY IMPORTANT: When collecting nasopharyngeal specimens, you must use proper PPE to protect yourself against respiratory illness!** Full droplet isolation precautions must be taken before direct patient contact. Don gown, gloves, mask and face shield per CC101S4. If collecting a throat or nasal swab, droplet precautions are not required but may be worn if phlebotomist chooses. If there is no need for droplet precautions, proceed to step 2.
2. Put on gloves.
3. Verify patient identification according to procedure Gen101_Patient Identification.
4. Review what you plan to do with the patient/family. Assure the patient/family that this will not take long and answer any questions they may have before proceeding.

5. Collect specimen,

IF . . .	THEN . . .
Nose	a) Open the BBL Culture Swab by peeling back the outer packaging. b) Ask the patient to tilt his/her head back. c) Insert dry swabs approximately 1–2 cm into each nostril. d) Rotate the swabs against the inside of the nostril for 3 seconds. Apply slight pressure with a finger on the outside of the nose to help assure good contact between the swab and the inside of the nose. e) Using the same swabs, repeat for the second nostril, trying not to touch anything but the inside of the nose. f) Remove the plastic transport tube. Twist off the tube cap and discard it. Place the swabs into the plastic transport tube. Make sure the red cap is on tightly. **Note: the swabs should stay attached to the red cap at all times.** g) Label the plastic transport tube with patient ID and send to the laboratory. h) Offer patient facial tissue.
Throat	a. Instruct patient to tilt head backward. b. Remove swabs from culture tube. c. Ask patient to open mouth, stick tongue out and say “aaaah”. d. If pharynx is not visible, depress only anterior third of tongue with tongue blade and note inflamed areas of pharynx or tonsils. (Do this quickly, in 2-3 seconds to avoid gagging/vomiting) e. Insert both swabs together without touching lips, teeth, tongue, cheeks, or uvula. f. Carefully but firmly and quickly rub the swabs over several areas of exudate or over the tonsils and posterior pharynx area side to side, making sure to swab any red/purulent (pus-covered) areas well. g. Carefully withdraw swabs without striking oral structures (teeth, cheeks, gums).
Nasopharyngeal	a) Ask the patient to tilt their head back, explain the procedure and state that it will be uncomfortable but it won’t hurt. b) Give patient facial tissues, this may cause their eyes to water and/or sneezing! c) Keep the swab near the septum floor of the nose while *gently* pushing the swab into the posterior nasopharynx **until it stops,** which will be near the break-off mark on the swab. d) Rotate the swab two to three times and hold the swab in place for 5 seconds to ensure maximum absorbency. Gently remove swab from nostril. e) Put the swab in the transport medium and break the shaft at the notched breakpoint. Screw cap back on to the transport tube. f) Label the tube with patient name, MRN and time/date of collection.

6. Immediately insert swabs into culture tube.
7. Place top on tube securely.
8. Label specimens in front of the patient. See procedure CC104_Specimen Labeling.

9. **If PPE is being worn, begin doffing procedure per CC101S4.** Otherwise, remove and discard gloves. Discard other used disposables (e.g., facial tissue, tongue blade).
10. Cleanse hands according to SOP 8800-17 Hand Hygiene.
11. Thank the patient, and ensure the patient understands any self-isolation or special requirements they may subject to pending test results. Before dismissing patient, make sure they don't have any questions.

REFERENCES

1. Clinical Nursing Skills and Techniques, Potter and Perry, 6th Edition, 2006.
2. A Guide to Specimen Management in Clinical Microbiology, J. M. Miller, 1996.