





COLLECTION OF SPECIMENS

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Introduction

Staff must wear personal protective equipment i.e. gloves and aprons for this purpose. Thorough hand washing before/after this procedure is essential. Specimens are collected to:

-  *Assist in the diagnosis of certain conditions*
-  *Eradicate conditions*
-  *Monitor established conditions*

Procedure

Discuss the procedure with the individual and answer any questions. Give enough information for them to give a valid consent. Follow the Mental Capacity Act 2005 guidelines for people assessed as not having the capacity to make the decision. At all times respect the individual's privacy and dignity. Ensure all the request forms are completed and clearly identifies the specimen required.

1. Urine Specimens

- a) **Routine Testing:** Give the individual a clean bedpan or urinal. Label it with the individual's name, date and time passed. Carry out routine tests immediately; usual tests are those to detect glucose, ketone, albumen and pH, blood (using multistix).
- b) **Midstream Specimen of Urine (MSU):** Explain the procedure to the individual. The external genital area should be washed with soap and water and then dried. Give the individual a clean bedpan or urinal into which they can begin to pass urine. After a little urine is voided, a specimen may be collected direct into a sterile container, or (if the individual is unable to co-operate), into a sterile receiver and tipped into the container afterwards; the container should be labelled and sent to the laboratory with the request form.
- c) **Catheter Specimen of Urine (CSU):** This may be taken if there is already an indwelling catheter or, very occasionally, a catheter may be passed to collect a specimen. A specimen should be collected from the catheter portal.
- d) **24-hour Specimen:** A specially-prepared bottle is collected and labelled with the individual's name, number and time.

2. Stools (Faecal) Specimens

Take note of colour, consistency and any abnormalities with reference to the Bristol stool chart. A faecal occult blood (FOB) test specimen is sent to the laboratory for testing on a special "slide". Specimens for faecal culture and sensitivity of organisms e.g. when the specimen has been passed: remove a small portion of faecal matter with the spatula and place in the appropriate container. Faecal matter kept for any length of time is not suitable for testing owing to bacterial activity.

3. Vomit Specimens

This should always be performed when an individual has been vomiting. The specimen may be saved in the vomit bowl, which is then covered and labelled with the individual's name. The specimen may also be tipped into a screw-topped jar. The specimen is labelled and sent with the request form to the laboratory.

4. Sputum Specimens

A labelled sputum cup is given to the individual and after use is retained for inspection. The specimen should preferably be collected in the early morning, before the individual has had anything to eat or drink and before they have cleaned their teeth. The individual should cough and

expectorate directly into the plastic container, i.e. the specimen should not be retained in the mouth before expectorating. The specimen is labelled and sent with the request form to the laboratory.

5. Throat Swabs

In each case, specially-prepared sterile swabs are used.

Good light is essential. The individual should be seated with their head retracted backwards. Their mouth should wide open and a spatula used to depress the tongue. The swab should be passed over the back of the throat before being placed immediately in the container, which is then labelled and sent with the request form to the laboratory.




6. Wound Swab

Swabs are normally taken when dressing is being carried out. The wound should not be cleaned first. The swab is placed over the discharging area and then placed in the container.

7. Vaginal Swab

Inform the individual of the procedure and place her either in the recumbent position with the legs flexed and abducted or in a semi-prone position. The labia should be carefully separated so that the swab does not touch the labial folds. Good light is essential to avoid damage to suture lines. The swab is introduced carefully just inside the vagina and then removed and placed in the container, which is labelled and dispatched as before. If a high vaginal swab is ordered then a vaginal examination tray should be prepared, as a speculum will have to be passed.

8. Dispatch and Handling of Specimens

-  Ensure that, once taken, specimens are dispatched as soon as possible. Any handling of specimens should be kept to a minimum.
-  If the containers become contaminated while collecting specimens then discard and take another specimen.
-  Record the procedure in the care plan identifying the type of specimen, when it was collected, when it went to the laboratory and if you or the individual experience any difficulties during the collection of the procedure

Further Guidance

NICE guidelines [CG139] Published date: March 2012- Infection: Prevention and control of healthcare-associated infections in primary and community care
NICE quality standard [QS61] Published date: April 2014 - Infection prevention control