# PROCEDURE FOR TAKING A WOUND SWAB

<table>
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<tr>
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</thead>
<tbody>
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<th>Named Responsible Officer:</th>
<th>Approved by</th>
<th>Date</th>
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<tbody>
<tr>
<td>Clinical Governance, Quality and Compliance Service</td>
<td>Clinical Policy and Procedures Group</td>
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<tr>
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UNLESS THIS VERSION HAS BEEN TAKEN DIRECTLY FROM PROVIDER SERVICES WEBSITE THERE NO ASSURANCE THIS IS THE CORRECT VERSION
PROCEDURE FOR TAKING A WOUND SWAB

AIM
To outline the correct procedure for taking wound swabs in the community. Culture swab of a wound should only be taken if clinical infection is suspected. Many chronic wounds contain a wide variety of bacterial flora (Eriksson, G. et al 1984. Tengrove, N., et al 1966). The host’s immune system is generally able to maintain the level of bacteria to a colonised level.

Procedure complies with NHS Litigation Authority Risk Management Standards (2008) for the organisation for clinical diagnostic tests.

INDICATIONS FOR SWABBING WOUND

Clinical infection may be indicated when the following symptoms are observed:

1. Swelling
2. Redness
3. Heat
4. Purulent discharge, or increase in level of exudate
5. Wound deterioration, or bridging
6. Change in appearance of tissue, e.g. normal granulation becomes dark and bleeds easily.
7. Systemic temperature

There is considerable evidence suggesting that, in the absence of clinical signs of infection, wound swabs will not provide any information useful for routine treatment, routine swabbing therefore is not justified.

Swabs are the most common means by which specimens are obtained; however, the literature does not contain any single standard procedure which can be deemed the right way.

RELATED PROCEDURES

For Related Policies – please refer to relevant NHS Wirral policies and procedures

NB Always use most current versions of NHS Wirral and NMC policies as may be superseded at any time

EQUIPMENT REQUIRED:

- Cotton tipped swab with transport medium
- Sterile saline (optional)
- Single use disposable apron
- Single use disposable non sterile gloves
- Microbiology Form (with attached bag)
- Secondary plastic container. (These will be provided in surgery/clinic where swabs are collected)
- Robust and leak proof container, marked with bio-hazard label, if transporting specimen from a patients home to a surgery, clinic or hospital site, NHS Wirral staff to use Daniel’s transport container.
**PROCEDURE FOR TAKING A WOUND SWAB**

**NB:** Collection times of swabs vary across the Wirral. Please endeavour to avoid storing swab overnight as this will increase the likelihood of contamination.

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>RATIONALE</th>
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</thead>
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| Verbally check the identity of the patient, explain procedure (including an explanation of the investigations to be undertaken) and obtain informed consent and document in patients nursing care plan | To allow the patient / client to make an informed decision and gain co-operation  
To confirm that the patient is the correct recipient of the procedure |
| Ensure patient is introduced to staff involved in procedure by name        | Improves communication and help reduces anxiety                           |
| Give clear explanation of the procedure to be performed and the care that will follow | To gain patient co-operation and enable informed and understood consent to the procedure |
| Benefits and risks of procedure to be explained                           | So patient or carers can make informed decisions                          |
| Ensure all equipment is gathered before commencing procedure              | To prevent contamination of sterile equipment and to ensure the procedure is not commenced without all necessary equipment |
| Decontaminate hands prior to procedure                                     | Reduce the risk of transfer of transient organisms on the healthcare workers hands to the patient |
| Apply single use disposable apron                                          | To protect clothing or uniform from contamination and potential transfer of micro-organisms |
| Apply single use disposable non sterile gloves (remove dressing as appropriate) | To protect hands from contamination with organic matter and transfer of micro-organisms |
| The wound should be cleansed or irrigated prior to swabbing the wound, most infected wounds exude large amounts of exudate | Cleansing of the wound removes spurious bacteria associated with non-pathogenic bacteria  
To detect colonisation                                                      |
| **N.B.** If the swab is for screening e.g. Meticillin Resistant Staph Aureus (MRSA), the wound should be swabbed prior to cleansing |                                                                           |
| Moisten the swab with sterile saline before taking sample if the wound bed is dry. | In dry wounds a moistened swab will attach bacteria more effectively.        |
| Use a “zig-zag” motion whilst simultaneously rotating the swab between the fingers. | Ensure all the swab will contain sufficient amounts of bacteria            |
| Sample the whole wound surface.                                           | Where practicable bacteria from the whole wound should be sampled in order for the swab to isolate the causative pathogen. |
| Place the specimen straight into the transport medium.                    | Remove the possibility of contamination.                                   |
| Continue to redress the wound as per care plan using a clean or aseptic non touch technique where appropriate | To ensure dressings to wound are applied appropriately                     |
On completion of procedure remove and dispose of Personal Protective Equipment (PPE) to comply with waste management policy.

To prevent cross infection and environmental contamination.

Decontaminate hands following removal of Personal Protective Equipment (PPE).

To remove any accumulation of transient and resident skin flora that may have built up under gloves and possible contamination following removal of PPE.

Complete microbiological form.

Ensure microbiology form contains relevant and specific information about the patient.

To ensure correct patient information is recorded.

Document condition of wound and evidence of infection including clinical symptoms – any antibiotic treatment must be recorded on the form.

Clinical details will assist the microbiologist in making an accurate diagnosis.

Transfer culture swab specimen to clinic/surgery to be transported to laboratory to meet time deadlines for collection.

Collection times vary across the Wirral. Check times to avoid storing swab overnight as this will increase the likelihood of contamination.

The patient should be advised of how long they will have to wait for the results and the method by which they will be informed of it e.g. by post, by follow up visit.

To ensure patient is informed of outcome of diagnostic test.

Document all actions, including arrangements for following up the wound swab results in the nursing records.

Liaise with GP as required.

To ensure compliance with The organisations record keeping policies and provide continuity of care.

Patient to be informed of when and how they will get the results of their test.

Patients must be given relevant contact numbers to ring in case they do not get the results of their test as expected.

To ensure patient is informed of outcome of diagnostic test.

**NB** Forms are also coded for specific General Practitioners (GP) and Practices.

To ensure results are sent to correct GP practice.

**CLINICAL INCIDENTS**

Any related incidents arising from taking a wound swab which may involve a clinical error or near miss must be reported following the NHS Wirral Incident Reporting Policy.

**REFERENCES:**


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