GREENVILLE HOSPITAL SYSTEM NURSING STAFF POLICY & PROCEDURE

OBTAINING A NASOPHARYNGEAL CULTURE AND THROAT CULTURE

PERSONNEL:

- Registered Nurses and Licensed Practical Nurses with additional education and demonstrated competency
- Student nurses under the direct supervision of an RN

DESIRED OUTCOME:

An adequate, non-contaminated, sample of the nasal or pharyngeal area for microbiology studies will be obtained.

INFECTION CONTROL:

Standard Precautions and appropriate Personal Protective Equipment (PPE) to prevent exposure to blood and body fluids. The use of aseptic technique is required for all cultures obtained by hospital staff.

EQUIPMENT:

1. Appropriate sterile culture tube with applicator (culturette), depending on the specific test ordered
2. Tongue blade
3. Flashlight or pen light
4. Patient identification label
5. Microbiology requisition
6. Biohazard specimen bag

NASOPHARYNGEAL CULTURE:

<table>
<thead>
<tr>
<th>STEPS</th>
<th>KEY POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Verify physician orders for specific test(s).</td>
<td>1. Ensure correct specimen is obtained using the correct culturette.</td>
</tr>
<tr>
<td>2. Identify patient using two identifiers.</td>
<td>2. Ensure specimen is obtained from the correct patient.</td>
</tr>
</tbody>
</table>
### STEPS

3. Check to see when the patient may have last used antiseptic mouthwash. Check whether the patient has received any form of an antibiotic.

4. Explain procedure to patient/family.

5. Perform appropriate hand hygiene in view of patient/family.

6. Don personal protective equipment.

7. If patient is able, tilt head back.

8. Use flash or pen light to view area.

9. Pass the culture swab through the nostril and into the nasopharynx.

10. Rotate, then quickly remove the swab.

11. Correctly label the specimen. Place the specimen and completed lab slip (when applicable) in a biohazard bag for transport to the Lab.

12. Discard soiled equipment in appropriate receptacle.

13. Perform appropriate hand hygiene.


### KEY POINTS

3. Check with the Microbiology Lab for guidelines to follow if antiseptic mouthwash has been used or any antibiotic taken by the patient.

4. To allay fears and anxiety.

7. Assists with visualization of area.

8. If any open areas or obstructions are observed, use opposite nare.

9. Keep the swab near the septum and floor of the nose.

### THROAT CULTURE:

#### STEPS

1. Verify physician orders for specific test(s).

2. Identify the patient using two identifiers.

#### KEY POINTS

1. Ensure the correct specimen is obtained using the correct culturette.
**STEPS**

3. Check to see when the patient may have last used antiseptic mouthwash. Check whether the patient has received any form of antibiotic.

4. Explain procedure to patient/family.

5. Perform appropriate hand hygiene in view of patient/family.

6. Don personal protective equipment.

7. Have the patient open mouth wide.


9. Rotate the swab at the back of the throat.

10. Correctly label the specimen. Place the specimen and completed lab slip (when applicable) in a biohazard bag for transport to the Lab.

11. Discard soiled equipment in the appropriate receptacle.

12. Perform appropriate hand hygiene.

13. Document in the appropriate section of the patient’s medical record.

**KEY POINTS**

3. Check with the Microbiology Lab for guidelines to follow if antiseptic mouthwash has been used or any antibiotic taken by the patient.

4. To allay fears and anxiety.

7. Assists with visualization of the area.

8. To prevent contamination of the swab by the tongue.

9. Do not allow the swab to touch the side of the mouth or teeth as this will contaminate the culture.

**DOCUMENTATION:**

Documentation will reflect the following:

1. Date, time and by whom cultures were obtained
2. Patient/family education, as appropriate
3. Patient’s tolerance of procedure
4. Unexpected outcomes and nursing interventions taken
REFERENCES:


REVISION AUTHOR:

Nina Lee-Pittman, RN, CNS – Pediatrics

REVISED:

December, 2002
January, 2003
February, 2004
January, 2009  (Replaces Respirat 3, a duplicate of EENT 1)

REVIEWED BY:

Nursing Clinical Practice Council – January, 2009

ORIGINAL DOCUMENT ON FILE IN THE OFFICE OF THE CHIEF NURSING OFFICER WITH APPROVAL SIGNATURE FOR:

Suzanne K. White, MN, RN
Vice President, Patient Care Services/Chief Nursing Officer

Approval Date:  March 6, 2009