

Nursing Protocol for Obtaining Nasopharyngeal & Oropharyngeal Swab Samples

Date: March 11, 2020

Purpose: To outline the procedure to obtain nasopharyngeal (NP) and/or oropharyngeal (OP) swab specimens for respiratory infection testing.

Collecting NP/OP swabs is an important tool in the diagnosis of a variety of upper and lower respiratory tract infections including influenza, respiratory syncytial virus (RSV) and SARS-CoV-2 (COVID-19 virus). The quality of the specimen collection is critical, and the correct collection of the specimen is directly linked to the sensitivity of the test.

Materials:

For respiratory viruses - universal transport media (UTM) with flexible, flocked swabs is required

(HMC, MS#51264) or standard (UWMC) Minitip FLOCKED swab.

- Use this swab for any viral respiratory test (for example, influenza)
- Check expiration date prior to use
- Do NOT use bacterial flocked swabs

Procedure:

1. Ensure that all infection prevention & control steps are followed including:
 - a. Hand hygiene before and after the procedure and before and after the patient encounter
 - b. Follow isolation status of patient. Minimum PPE includes mask, eye protection and gloves, but should be expanded to gowns for inpatients given likely higher burden of virus.
2. If the patient has nasal congestion or a moderate-large amount of rhinorrhea, ask them to clear their nose into a tissue
3. Apply the patient label to the UTM tube (must include patient name, DOB, medical record number and the test needs to be ordered in EPIC prior to sending to lab)
4. Tilt the patient's head back slightly and ask them to close their eyes, if possible



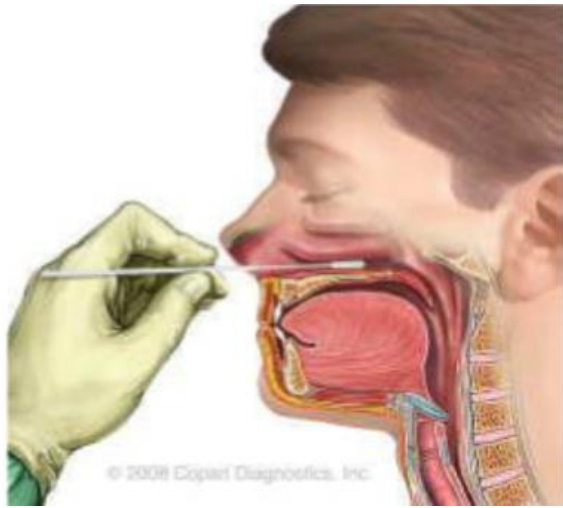
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5. Insert the flexible flocked swab into the nostril PARALLEL to the palate until resistance is met by contact with the nasopharynx.



6. Leave swab in place for 2-3 seconds then rotate completely around for 10-15 seconds. Note: Although not painful, patients generally feel very uncomfortable with this procedure. Be prepared for them to pull their head and/or body away. This procedure may also generate a cough so prepare to move to the side if possible, especially after completing the process.

7. Remove swab and repeat the same process in the other nostril with the same swab.

8. After the second swab is completed, immediately place into the sterile vial containing the universal transport media. The shaft of the swab is snapped off at the red line. This line usually aligns with the length of the swab that can fit into the tube.

9. If also collecting an OP specimen, have the patient open their mouth wide to expose the back of the throat and tonsils.



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10. Using a second sterile flocked swab, insert into the mouth and gently swab the back of the throat around the tonsils for 10-15 seconds.



11. Remove the swab and place in the same tube containing viral transport media.

12. Ensure that cap is closed tightly

13. Place the tube into a biohazard bag with an absorbent cloth (comes with the swab package), place the bag with specimen into a second biohazard bag and follow the procedure for delivery to the laboratory.



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