NASAL WASH, NASAL ASPIRATE, NASOPHARYNEAL SWAB COLLECTION

Appropriate collection procedures will insure best sample quality. Collection supplies for inpatients are available from the Microbiology department; contact the laboratory.

For Outpatients to provide the best outcome, the collection of the nasopharyngeal specimens should be performed either in a physician’s office, Emergency Room, or Urgent Care facility.

The laboratory or any of its associated collection sites will be able to provide physician offices with the appropriate supplies and instructions for collection of nasopharyngeal and nasal washing specimens, transport and selective media for Bordetella pertussis PCR/Culture, and related printed materials.

NASOPHARYNGEAL SWAB METHOD

Materials needed
- Flocked NP Swab and Transport System

Collection of Nasopharyngeal Swab

Collection of Nasopharyngeal specimens requires specialized staff. To provide the best patient outcome, the collection of the nasopharyngeal specimens must be performed either in a hospital, physician’s office, Emergency Room, or Urgent Care facility.

1. Remove flocked NP swab from packaging.
2. Tilt the patient’s head backwards.
3. Gently insert the swab through one of the nostrils until it reaches the mid-inferior portion of the inferior turbinate or when resistance is felt. This is approximately ½ the visual distance from the nostril to the ear.
4. Rotate the swab 3-4 times and then hold the swab in place for 5-10 seconds to absorb the sample material.
5. Withdraw swab and insert into transport container and label.

NOTE - A separate swab/culturette would need to be collected for each type of processing requested (i.e., Viral, Bacterial or Fungal). However, Rapid RSV, Rapid Influenza A&B, and Viral Culture may all be processed from 1 specimen. Outpatient Viral Testing Only: All specimens for viral testing should be added to M4 or UTM Viral Transport Media.

NASAL WASH BULB METHOD

Materials needed
- Sterile specimen container (or viral transport media-see note)
- Sterile physiological saline 3-5 mL
- Sterile 1-2 oz tapered rubber bulb

Collection of Nasal Wash

1. Patient’s head should be inclined from vertical about 70 degrees for proper recovery of specimen.
2. Suction 3-5 mL of sterile saline into sterile bulb
3. Insert the bulb into one nostril until the nostril is occluded.
4. Instill the saline into the nostril with one squeeze of the bulb and immediately release the bulb to suction (collect) the recoverable nasal specimen.
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5. Empty the contents of the bulb into the sterile specimen container and send to the laboratory immediately.

**NOTE** - For Outpatient specimens, all specimens for viral testing should be added to M4 or UTM Viral Transport Media. Specimens in Viral Transport Media may **NOT** be used for Bacterial, Fungal, or AFB Cultures.

**NASAL WASH SYRINGE METHOD**

**Materials needed**
- Sterile specimen container (or viral transport media-see note)
- Sterile physiological saline 3-5 mL
- Sterile 3-5 mL syringe-length and diameter appropriate for infant, child or adult.
- Sterile 2” 18-20 gauge tubing – length and diameter appropriate for infant, child, or adult.

**Collection of Nasal Wash**
1. Patient’s head should be inclined from vertical about 70 degrees for proper recovery of specimen.
2. Fill syringe with 3-5 ml sterile physiological saline.
3. Quickly instill saline into nostril.
4. Quickly aspirate the recoverable nasal specimen. Recovery must occur immediately, as the instilled fluid will rapidly drain.
5. Inject the aspirated contents of the syringe into sterile specimen container and transport to the laboratory immediately.

**NOTE** - For Outpatient specimens, all specimens for viral testing should be added to M4 or UTM Viral Transport Media. Specimens in Viral Transport Media may **NOT** be used for Bacterial, Fungal, or AFB Cultures.

**VACUUM-ASSISTED NASAL ASPIRATE METHOD**

**Materials needed**
- Portable suction pump
- Sterile suction catheter
- Mucus trap (i.e., Luken's tube)

**Collection of Nasal Aspirate**
1. Attach mucus trap to section pump and catheter, leaving wrapper on suction catheter, turn on suction and adjust to suggested pressure.
2. Without applying suction, insert catheter into the nose, directed posteriorly and toward the opening of the external ear. Depth of insertion necessary to reach posterior pharynx is equivalent to distance between anterior nares and external opening of the ear.
3. Apply suction. Using a rotating movement, slowly withdraw catheter. Catheter should remain in nasopharynx no longer than 10 seconds.
4. Hold trap upright to prevent secretions from going into pump.
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5. Rinse catheter (if necessary) with approximately 2.0 mL of sterile saline; disconnect suction; connect tubing to arm of mucus trap to seal.

**NOTE** - For Outpatient specimens, all specimens for **viral testing** should be added to M4 or UTM Viral Transport Media. Specimens in Viral Transport Media may **NOT** be used for Bacterial, Fungal, or AFB Cultures.

<table>
<thead>
<tr>
<th>Patient Age</th>
<th>Catheter Size (French)</th>
<th>Suction Pressure</th>
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<tr>
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<td>6</td>
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<tr>
<td>Adolescent/Adult</td>
<td>14</td>
<td>120 - 150 mml hg</td>
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</tbody>
</table>

**Specimen Labeling**

Refer to the Specimen Collection Procedure for Labeling Specimens