	<b>Title:</b> Nasal / Nasopharyngeal / Tracheal / Endotracheal Specimen Collection
<b>Document Category:</b> Clinical	<b>Document Type:</b> Procedure
<b>Department / Committee Owner:</b> Laboratory, Nursing, Respiratory Therapy Standards/Practice/Education Council	<b>Original Date:</b> July 2001
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**PURPOSE:** To describe the steps for obtaining a nasal / nasopharyngeal / tracheal / endotracheal specimen.

**SUPPORTIVE DATA:**

Nasal/nasopharyngeal/endotracheal specimens are used to test for bacterial or viral infections, and may be collected by one of several methods. The age and condition of the patient plus the type of testing to be done determine which method to use (see Table 1). Equipment needed is determined by the collection method used (see Table 2). Follow Standard Precautions for specimen collection, and deliver specimens to the laboratory promptly.

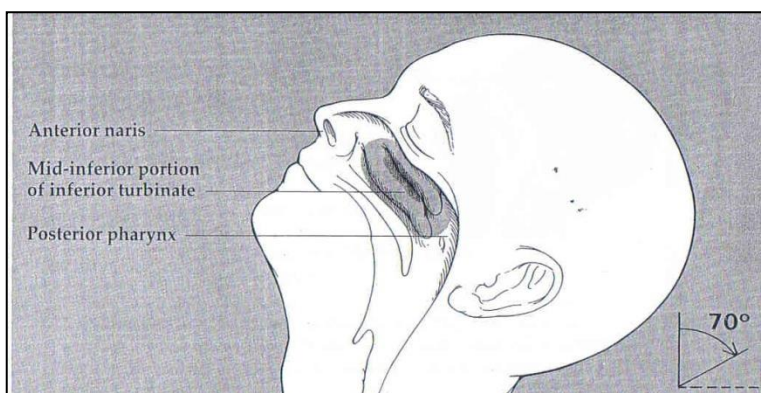
Table 1 Collection Methods/Common Types of Tests Used For							
	Typical Age Group	Bacterial Culture Tests	Influenza Test FLUPCR (UTM/ Xpert or M4 viral transport media)	Influenza/RSV Test By PCR (UTM/Xpert or M4 viral transport media) Required for Inpatients and ED patients	RSV Test by PCR RSVPCR (UTM/ Xpert or M4 viral transport media)	Pertussis Test (BORD) UTM only or Respiratory Panel (RPPCR) (UTM/ Xpert or M4 viral transport media)	MRSA Screen Test (MRSA2)
Nares, dual swab culturette	All Ages	Not Acceptable	Not Acceptable	Not Acceptable	Not Acceptable	Not Acceptable	Acceptable Method
Nasal Swab, dual swab culturette	All Ages	Acceptable Method	Not Acceptable	Not Acceptable	Not Acceptable	Not Acceptable	Not Acceptable
Nasopharyngeal Swab, UTM and/or M4 kit (Universal Transport Medium for Influenza and Viruses)	All Ages	Not Acceptable	Preferred Method (UTM or M4viral transport media)	Preferred Method (UTM or M4viral transport media)	Preferred Method (UTM or M4viral transport media)	Preferred Method (UTM for Bord and RPPCR or M4 for RPPCR viral transport media)	Not Acceptable
Nasal Aspirate	2 years or younger	Acceptable Method	Not Acceptable	Not Acceptable	Not Acceptable	Not Acceptable	Not Acceptable
Nasal Wash	2 years or younger	Acceptable Method	Not Acceptable	Not Acceptable	Not Acceptable	Not Acceptable	Not Acceptable
Nasopharyngeal Swab	All Ages	Acceptable Method	Not Acceptable	Not Acceptable	Not Acceptable	Not Acceptable	Not Acceptable
Nasal Vacuum-Assisted Aspirate	2 years or	Acceptable Method	Not Acceptable	Not Acceptable	Not Acceptable	Not Acceptable	Not Acceptable

	younger						
<b>Nasopharyngeal Vacuum- Assisted Aspirate</b>	All Ages	Acceptable Method	Not Acceptable	Not Acceptable	Not Acceptable	Not Acceptable	Not Acceptable
<b>Tracheal / Endotracheal Suction</b>	All ages	Acceptable Method	Not Acceptable	Not Acceptable	Not Acceptable	Not Acceptable	Not Acceptable

**Table 2**

<b>Collection Method</b>	<b>Equipment Needed</b>
<b>Nares, dual swab culturette</b>	<ul style="list-style-type: none"> <li>Dual swab culturette</li> </ul>
<b>Nasal Swab, dual swab culturette</b>	<ul style="list-style-type: none"> <li>Dual swab culturette</li> </ul>
<b>Nasal / Nasopharyngeal Swab in UTM kit only</b>	<ul style="list-style-type: none"> <li>UTM Kit for the Collection and Preservation of Pertussis</li> </ul>
<b>Nasopharyngeal Swab in UTM or M4</b>	<ul style="list-style-type: none"> <li>UTM or M4 kit for the Collection and Preservation of Influenza, Viruses or RSV</li> </ul>
<b>Nasal Aspirate</b>	<ul style="list-style-type: none"> <li>Sterile bulb syringe</li> <li>Sterile specimen container</li> </ul>
<b>Nasal Wash</b>	<ul style="list-style-type: none"> <li>Sterile bulb syringe</li> <li>Sterile saline bullet</li> <li>Sterile 1 ml syringe, WITHOUT NEEDLE</li> <li>Plastic medicine cup</li> <li>Sterile specimen container</li> </ul>
<b>Nasopharyngeal Swab</b>	<ul style="list-style-type: none"> <li>Mini-tip culturette</li> </ul>
<b>Nasal Vacuum-Assisted Aspirate</b>	<ul style="list-style-type: none"> <li>nasal aspirator</li> <li>Sterile specimen trap w/lid</li> <li>Sterile saline bullet</li> <li>Sterile 1 ml syringe, WITHOUT NEEDLE</li> <li>Plastic medicine cup</li> </ul>
<b>Nasopharyngeal Vacuum-Assisted Aspirate</b>	<ul style="list-style-type: none"> <li>Single use sterile suction catheter kit (catheter and 1 sterile glove)</li> <li>Water-soluble lubricating gel</li> <li>Sterile specimen trap w/lid</li> <li>Suction source</li> </ul>
<b>Tracheal / Endotracheal Suction</b>	<ul style="list-style-type: none"> <li>Sterile specimen trap w/lid</li> <li>Sterile saline bullet</li> <li>Single use sterile suction catheter kit (catheter and 1 sterile glove) or in-line suction kit</li> <li>Wall suction set-up</li> </ul>

## PROCEDURE



Nasal / nasopharyngeal specimen collections are done with the head tilted back at a 70° angle. **EXCEPTION:** This angle can occlude the airways of neonates and infants. For these patients, tilt the head to a “sniffing” position.

*For pediatric or other patients who may not be able to remain immobile during the procedure, have a second person assist to hold the patient. For infants, consider use of the papoose board.*

(Figure 1)

**A. Nares**

1. Collect specimen with dual swab culturette with liquid Stuart's medium.
2. Insert dry swabs (dual) approximately 1-2 cm into each nostril.
3. Rotate the swabs against the inside of the nostril for 3 seconds. Apply slight pressure with a finger on the outside of the nose to help assure good contact between the swab and the inside of the nose.
4. Using the same (dual) swabs and same process, repeat for the second nostril for 3 seconds.
5. Twist the cap off the plastic transport tube and place the swabs deep into the plastic transport tube so that the swabs rest on top of the sponge at the bottom of the tube.

**B. Nasal Swab**

1. Tilt head into position (see Figure 1).
2. Gently insert swab into one nostril--into the anterior naris – until resistance is met at the level of the turbinates.
3. Gently rotate the swab a few times against the nasal wall, and leave in place 5-10 seconds.
4. Withdraw swab slowly.
5. Insert swab into culturette.

**C. Nasopharyngeal Swab in UTM kit:**

1. Tilt head into position (see Figure 1).
2. Gently insert swab into the nostril that presents the most secretion--into the anterior naris. Keep the swab against the septum floor of the nose while gently pushing the swab into the posterior nasopharynx.
3. Gently rotate the swab a few times against the nasal wall, and leave in place 5-10 seconds.
4. Withdraw swab slowly.
5. Insert swab into UTM media.
6. Sample must be transported to the lab immediately or kept at 2-8° C (on ice) if delivery to the laboratory is delayed.

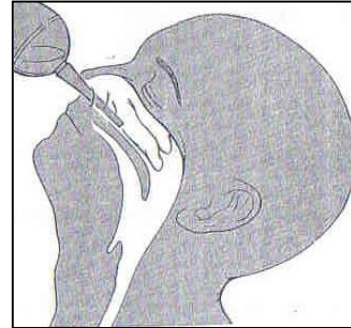
**D. Nasal Aspirate**

1. Tilt head into position (see Figure 1).
2. Squeeze bulb.
3. Gently place the tapered end of the (squeezed) bulb into one nostril—until the nostril is occluded (see Figure 2). NOTE: This may induce coughing and tearing.
4. Release bulb (to suction secretions).
5. Remove bulb from nostril.
6. Squeeze contents from bulb into specimen container.

**E. Nasal Wash**

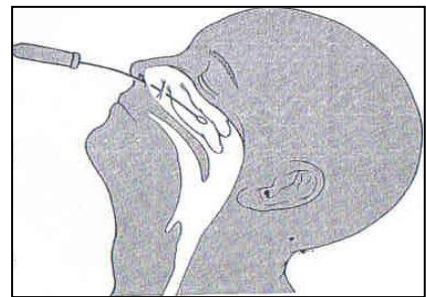
1. Tilt head into position (see Figure 1).
2. Empty contents of saline bulb into plastic medicine cup.
3. Withdraw 1 ml saline from cup with tuberculin syringe.
4. Squeeze bulb.

5. Using tuberculin syringe, instill 2-3 drops of saline into one nostril. NOTE: This may induce coughing and tearing.
6. Immediately after saline instillation, gently place the tapered end of the (squeezed) bulb into one nostril—until the nostril is occluded (see Figure 2).
7. Release bulb (to suction secretions).
8. Remove bulb from nostril.
9. Squeeze contents from bulb into specimen container.



#### F. Nasopharyngeal Swab

1. Tilt head into position (see Figure 1).
2. Gently insert swab into one nostril—parallel to the palate--until the posterior nares is reached (see Figure 3). NOTE: If resistance is encountered during insertion of the swab, remove it and attempt insertion in the opposite nostril.
3. Leave swab in place for a few seconds (to absorb secretions), then rotate gently. NOTE: This may induce coughing and tearing.
4. Withdraw swab slowly.
5. Insert swab into culturette.



(Figure 3)

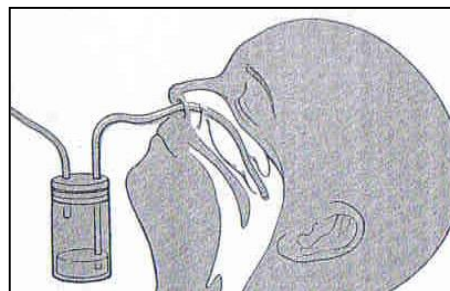
#### G. Nasal Vacuum-Assisted Aspirate

1. Tilt head into position (see Figure 1).
2. Using saline bullet, instill 2-3 drops of saline into one nostril. NOTE: This may induce coughing and tearing.
3. Place the nasal aspirator tip in contact with nares.
4. Adjust suction by partially or fully blocking the hole in the suction control valve with your thumb
5. Assist patient to return to position of comfort.
6. Disconnect mucus trap from suction source and nasal aspirator.
7. Seal mucus trap by securing lid on top.

#### H. Nasopharyngeal Vacuum-Assisted Aspirate

Patient Age	Recommended Catheter Size (French)	Recommended Suction Pressure
Neonates	8	60-80 mm Hg
29 days to 1 year	10	80-100 mm Hg
Over 1 year through 12 years	12	100-120 mm Hg
Adolescents/Adults	14	100 -150 mm Hg

1. Turn on suction, and adjust to recommended pressure.
2. Use sterile technique for procedure: Apply sterile glove on hand that will hold the suction catheter.
3. Attach specimen trap to suction source and catheter, maintaining sterility of catheter.
4. Apply lubricating gel to catheter.
5. Tilt head into position (see Figure 1).
6. Insert catheter, without applying suction, into one nostril. Direct the catheter posteriorly and toward the opening of the external ear (see Figure 4). NOTE: Depth of insertion necessary to reach posterior pharynx is equivalent to distance between anterior nares and external opening of the ear.
7. Apply suction intermittently. Using a rotating movement, slowly withdraw catheter while suctioning intermittently. NOTE: Catheter should remain in nasopharynx no longer than 10 seconds.
8. Hold specimen trap upright to prevent secretions from going into suction source.
9. Turn off suction.
10. Disconnect specimen trap from suction source and catheter.
11. Seal specimen trap by placing open end of rubber tubing on open port of specimen trap.



(Figure 4)

## I. Tracheal / Endotracheal Suction

(For use with in-line suction catheter kit or single use sterile suction kit/catheter).

Patient Age	Recommended Catheter Size (French)	Recommended Suction Pressure
Neonates	8	60-80 mm Hg
29 days to 1 year	10	80-100 mm Hg
Over 1 year through 12 years	12	100-120 mm Hg
Adolescents/Adults	14	100 -150 mm Hg

1. Pre-oxygenate patients with 100% oxygen.
2. Turn on suction, and adjust to recommend pressure. If suction is already on, check that pressure is correct.
3. Attach specimen trap to suction source and catheter, maintaining sterility of catheter.
4. If using the in-line suction catheter, unlock suction control device by pulling the lock up and swivel 180° to disengage the lock. Use sterile technique if in-line suction catheter is not being used. Apply sterile glove on hand that will hold the suction catheter.
5. Using sterile technique, instill 3 ml NS into artificial airway.
6. Insert catheter, without applying suction, into artificial airway by directing the catheter posteriorly and down into the airway. (NOTE: Depth of insertion necessary to reach posterior pharynx is equivalent to distance between anterior nares and external opening of ear.)
7. Continue to advance catheter until slight resistance is felt. Pull back slightly. Note the cm marking on the catheter for future suction depth reference.
8. Apply suction intermittently. Using a rotating movement, slowly withdraw catheter while suctioning intermittently. (NOTE: Catheter should remain in artificial airway no longer than 10 seconds.)
9. Hold specimen trap upright to prevent secretions from going into suction source.

10. If using in-line suction catheter, continue to withdraw catheter until black line is visible at the level of the blue connector in the end of the tube. Then, lock suction control cap by pulling it up and swiveling it 180°.
11. Turn off suction if using single use sterile catheter.
12. Disconnect specimen trap from suction source and catheter.
13. Return FiO2 to pre-suction level if changed prior to suctioning.  
Seal specimen trap by placing open end of rubber tubing on open port of mucus trap or replace with included alternate cap.

#### **REFERENCES:**

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Refer to current Influenza/RSV by PCR laboratory procedures.

**ISSUED:** July 2001

**REVISED:** July 2005 to Interdisciplinary Procedure, "Nasal/Nasopharyngeal Specimen Collection". (Incorporating Nursing Procedure: "Nasopharyngeal Specimen Collection", Pediatric Nursing Procedure, "RSV Nasal Wash Procedure", and Pulmonary Care Procedure, "Specimen Collection: RSV Wash")

**REVISED:** Standards Committee, December 2006

Patient Care Council, January 2007

**REVISED:** (added content from Pediatric Department Specific BBG Aspirator Procedure)

Standards Committee, June 2010

Practice Council, September 2010

**REVISED:** Standards Committee, September 2011

Practice Council, October 2011

**REVISED:** Standards Committee, January 2014

Practice Council, February 2014

**REVISED:** Standards/Practice/Education Council, June 2015

**REVISED:** Standards/Practice/Education Council, March 2017

**REVISED:** Standards/Practice/Education Council, June 2020