

Collecting Nasopharyngeal Specimens

Method:

1. Wash hands.
2. Check expiry date on multi-pack.
3. Complete requisition with patient identifiers, tests requested and any clinical information.
4. Label transport medium container with patient identifiers
5. Loosen cap of transport medium tube and place tube in cup.
6. Position yourself in front of the patient's face preferably at eye-to-eye level, so that you can easily see into the nostrils. It is not necessary to tilt the client's head backwards.
7. Clear mucous from front of nose using cotton-tipped swab to allow visualization and so the wire swab will not become fouled with mucous discharge.
8. Inspect nose to determine if one nostril is easier to enter than the other (deviated nasal septum, swollen turbinates, and other obstructions).
9. Mentally visualize the superior surface of the hard palate as a horizontal structure.
10. Insert flexible wire N/P swab into nostril straight back (not upwards), along the floor of the nasal passage (that is, parallel to the palate), staying medially along the nasal septum, until you reach the posterior wall of the nasopharynx where the swab tip will stop. The distance from the nose to the ear gives an estimate of the distance the swab should be inserted. Do not force the swab. If an obstruction is encountered, try the other side.
11. Rotate swab about 5 times. Insertion may induce coughing and tear production.
12. Remove swab slowly.
13. Remove cap of transport medium tube. Place wire tip of N/P swab inside tube and clip off excess wire so that the cap can be replaced securely.
14. Place specimen into longer pouch of biohazard transport bag.
15. Seal pouch of biohazard transport bag.
16. Wash hands.