



UPDATES PRINTED IN RED

Nasopharyngeal aspirates or nasopharyngeal swabs using the flocked swab are the preferred specimens for respiratory virus detection.

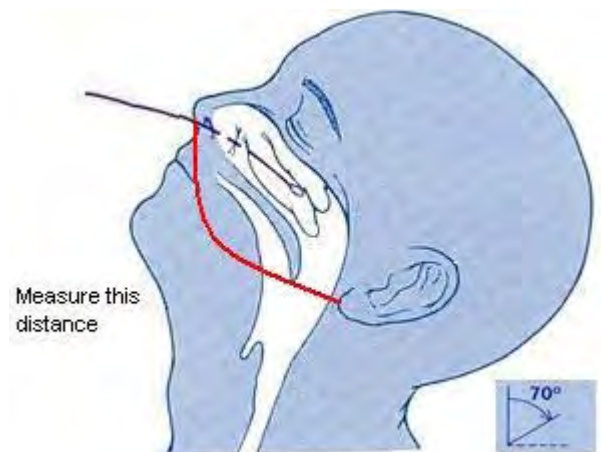
Aspirates (NPA): Place a flexible plastic catheter gently through a single nostril into the posterior nasopharynx. Apply gentle suction with a syringe or wall suction, collect sample into a trap device, flush with 2.0 ml of viral transport medium (VTM), then transfer to a sterile bijoux bottle. Do not submit the trap or tubing to the lab.

Flocked Swab

Swab Description: Each swab is individually packaged and labelled “microRheologics sterile swab applicator” The nasopharyngeal swab has a white plastic shaft, ending in a “furry” or flocked tip. **There are two sizes of flocked swabs available. For children <8 years of age, use the swab with the smaller flocked tip, stock #516CS01. For adults and children >8 years of age, use the larger flocked tip, stock #503CS01.**

Collection of Nasopharyngeal Specimens

1. Assemble all supplies such as gloves, mask, pen, appropriate Cadham requisition, trap or microRheologics flocked swab and transport medium.
2. Check expiry date of transport medium.
3. Perform hand hygiene by washing hands with soap and water or using alcohol hand rub.
4. Put on gloves and mask (and eye protection if required, or if splashing is anticipated).
5. Have the patient sit in a chair or lie on a bed – elevate the head of the bed so that their head can be tilted back (see diagram).
6. Remove any mucous from the patient’s nose, with a tissue or cotton tipped swab
7. prior to collecting the NP swab.
8. **How deep is the NP swab inserted into the nasopharynx ?**
Measure the distance from the corner of the nose to the front of the ear and insert the shaft **ONLY half this length.**
9. In adults, this distance is usually about 4 cm, (finest thickness of this swab shaft). In children this distance is less.
10. Tilt the patient’s head back **slightly** (about 70°) to straighten the passage from the front of the nose to the nasopharynx to make insertion of the swab easier.
11. **Gently** insert the swab along the medial part of the septum, along the base of the nose, until it reaches the posterior nares – gentle rotation of the swab may be helpful. (If resistance is encountered on one side, try the other nostril, as the patient may have a deviated septum).
12. Rotate the swab several times to dislodge the columnar epithelial cells, and then remove the swab.
Note – insertion of the swab usually induces a cough.
13. **Cut the swab short enough to fit into the bottle.** When placing the lid on the bottle, make sure the entire shaft of the swab is inside the bottle. Failure to do so will result in the transport media leaking and the sample being discarded.
14. Ensure that the lid of the bottle is screwed on tight.
15. Remove and discard gloves. Perform hand hygiene by washing hands with soap and water or using alcohol hand rub.



PLEASE RETURN ALL UNUSED OR OUTDATED VTM TO CADHAM LAB AS SOON AS POSSIBLE!!