Wound Culture Collection

1. SCOPE

1.1. Telehealth System Wide

2. DEFINITIONS & EXPLANATIONS OF TERMS

2.1. Collection normally involves sampling of inflamed tissues and exudates from the throat, nasopharynx, wounds, eye, ear, or rectum with sterile swabs of cotton or other absorbent material.

2.2. Wound tissue is considered the best specimen for culture from which to identify wound infection.

3. PROCEDURE BODY

Correct collection and handling of specimens helps the laboratory staff identify pathogens accurately with a minimum of contamination from normal bacterial flora. The telepresenter will be proficient in performing wound culture collection via telehealth technologies while working within his/her scope of practice.

3.1. The Telehealth presenter will collect the appropriate supplies for wound cultures:

- Gloves.
- Forceps, scalpel, and surgical scissors.
- Alcohol or povidone-iodine pads.
- Sterile swabs.
- Sterile 10-ml syringe.
- 21G. needle.
- Sterile culture tube with transport medium (or commercial collection kit for aerobic culture).
- Labels.
- Fresh dressing for the wound.
- Laboratory request form.
- Laboratory biohazard bag for transport.

3.2. The Telehealth presenter will identify the patient and explain the procedure for collecting wound cultures.
• It is the responsibility of the Wound Healing Staff to place the order for culture collection.
• The telepresenter will click on Clinical Order Manager and reprint order to obtain lab slip.
• The telepresenter will obtain the culture kit. Be sure to double check the expiration on the kit.
• The telepresenter will print labels with patient name, MHN, and address.
• The telepresenter will label each culture with the following: a patient label, date, site, specimen type, the name of the person collecting the sample, requesting provider, and that it’s a wound healing patient. The label also needs to indicate fungus with sensitivity, aerobes with sensitivity, and anaerobes with sensitivity. This should also be indicated on the lab slip.
• Once the samples are labeled, they need to be sent to lab with the lab slip.

3.3. Collecting a wound specimen:
• **Please Note:** Tissue sampling is the gold standard for wound cultures.

• **Step 1:** Wash hands and don gloves. With a forceps, remove the dressing to expose the wound. Dispose of the soiled dressings properly.

• **Step 2:** Clean the area around the wound and the wound itself with normal saline. Allow the area to dry.

• **Step 3:** Aseptically remove a piece of viable wound tissue with a scalpel or scissors.

• **Step 4:** Place tissue into specimen tube. There must be a different sample for each test, unless the specimen tube is labeled otherwise. For example: aerobic with sensitivity, anaerobic with sensitivity, and fungus with sensitivity; the clinician will need to collect three samples. There must be separate tubes for separate sites.

• **If unable to collect tissue sample, please proceed to step 5.**

• **Step 5:** For a swab culture, use a sterile cotton-tipped swab to collect as much exudate as possible, or insert the swab deeply into the wound, and gently rotate it. Remove the swab.
from the wound, and immediately place it in the culture tube.

- **Step 6:** Label the tube with the name, date, time, and site of specimen collection, specimen type (i.e., exudate, blood, urine), wound healing, name of person collecting the specimen, and requesting provider.
- **Step 7:** Send the tube to the laboratory immediately with a completed laboratory request form.
- **Step 8:** Apply a new/appropriate dressing to the wound.

3.4. Special Considerations:

- Note any recent antibiotic therapy on the laboratory request form.
- Although normally the area around the wound is cleaned to prevent contamination by normal skin flora, don’t clean a perineal wound with alcohol as this could irritate sensitive tissues. Also be sure that antiseptic doesn’t enter the wound.

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**4. ADDITIONAL RESOURCES**

4.1. References:


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**5. DOCUMENT HISTORY**

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**6. DOCUMENT PROPERTIES**

Primary Author: Bredemann, Melanie J
Co-Author(s): 
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