

Wound Swabbing

- Swabs should not be taken routinely or from an uninfected wound
- Swabs are taken to identify and quantify the number of bacteria present in a wound.
- Wound swabs cannot be used to confirm and/or exclude infection. Results need to be reviewed in context of the clinical picture

Step 1

Advise your patient of the swab procedure and obtain permission.
Cleanse the wound using warm saline solution and debride non-viable tissue.
Cleanse the wound again

If the wound is dry, moisten the swab using 0.9% sodium chloride (normal saline solution) or transport medium prior to swabbing the wound

Step 2

Moisten the culture tip for dry wounds with saline solution

Try to take the swab as close to the collection time as possible
Take the specimen the next morning rather than the night before

Step 3

Inform the patient of potential discomfort

Please do not send dry swabs to the laboratory

Step 4

Using a sterile technique take the swab from the cleanest area of the wound by placing the wound swab into the wound, press swab firmly into the wound and rotate. Where possible do not obtain from Necrotic or Sloughy tissue

Step 5

Label container with patient information, location of the swab (e.g. sacral wound), time and date and initials of who obtained the swab. Specifically write if they are diabetic/immunosuppressed/suspect osteomyelitis. Also include the pathology slip.

Provide all relevant patient history as appropriate, such as;

- Current antibiotic or medications
- Co-morbidities
- Specific microbe suspected
- Diagnosis of the wound
- Duration of the wound

If in doubt, contact your Infection Control Nurse or Microbiologist
Cover the wound with appropriate dressings, for further guidance see NHS Dumfries and Galloway Wound formulary or contact Tissue Viability Dept.