

Always wash your hands before the procedure.

Explain to the patient what you are going to do.

Have the patient sit comfortably on bed or chair and tilt his head back.

Use the flashlight to illuminate the back of the throat.

Check for inflamed areas using the tongue depressor.

A determination of which drug is most effective against a particular organism may be done also.

A full culture and sensitivity test takes several days because the organisms must have time to grow.

If **strep infection** is **suspected** a quick strep test may be done, so that antibiotic therapy can be started immediately.

Ask the patient to say "Ahhh" as you swab the tonsillar areas from side to side.

Be sure to include any inflamed or purulent sites.

Avoid touching the tongue, cheeks, or teeth with the applicator, as this will contaminate it with oral bacteria.

Place the cotton-tipped applicator into the culture tube immediately.

Label the culture tube with the patient's name, SSN, and ward number if applicable.

**Complete the request form with the following information:**

- ✓ Patient's name.
- ✓ Patient's rank or status.
- ✓ Family member prefix and sponsor's social security number.
- ✓ Any antibiotics the patient is taking.
- ✓ Wards number if inpatient, or phone number if outpatient.
- ✓ Date and time the specimen was obtained.
- ✓ Name and the physician who ordered the culture.
- ✓ Source of the specimen (that is, throat).

## **Documentation to record Specimen collected:**

- ✓ Patient's name.
- ✓ Patient's rank or status.
- ✓ Family member prefix and sponsor's social security number.
- ✓ Ward number if inpatient, or phone number if outpatient.
- ✓ Source of the specimen (that is, throat).
- ✓ Any antibiotics the patient is taking.
- ✓ Date and time the specimen was obtained.
- ✓ Name of the physician who ordered the culture.

## **Module 9.2 - Types of Specimen Collection**

In addition to Throat culture, and again flowing on from the Physical Examination, the learner is introduced to other types of Specimen Collected to gather information about the patient's health status by identifying pathogens from the specimen samples collected as follows;

- Respiratory sputum specimen
- Stool specimens
- Urine Specimen
- Midstream Urine Specimen
- 24 Hour Urine Specimen
- Guaiac Test

### **1. Learning Outcomes**

#### **After completing this lesson, the learner should be able to:**

Cite the principle, supplies and equipment, and procedures that apply to obtaining a sputum specimen.

Cite the principles, supplies and equipment, and procedures that apply to obtaining a stool specimen.

Identify the steps of the procedure for correctly obtaining a midstream urine specimen, a 24-hour urine collection, and urine for pregnancy test.

Identify abnormalities in the color and odor of urine.

Pregnancy Tests and Pregnancy Urine Test

## **2. Sputum Specimen**

**For some Respiratory Disorders, a Sputum Specimen** is obtained for culture or other examination to determine if any pathogens or blood are present.

The specimen should be collected **early in the morning** before the **patient eats, brushes his teeth**, or used **mouthwash**.

The specimen is more likely to contain sputum at this time, rather than just saliva.

Specimens are often taken **for three consecutive days because it is difficult for the patient to cough up enough sputum at one time**, and an organism **may be missed if only one culture is done**.

## **3. Procedure for Sputum Specimen**

**Wash your hands and gather the equipment.**

Provide privacy for the patient and explain the procedure.

Place the tissues nearby and have the patient rinse his mouth with clear water to remove any food particles.

Assist the patient to a sitting position, if necessary and ask him to cough deeply and spit into the container.

## **4. After Collection of Sputum Specimen**

Close the container immediately **after collecting** the specimen to prevent the **spread of any organisms** from the **specimen**.

Offer tissues for the patient to wipe his mouth.

**Wash your hands**, label the container, complete the laboratory request form.

Deliver the specimen to the laboratory immediately; allowing the specimen to remain in a warm place will result on overgrowth of any organisms that may be present.

Record the amount, consistency, and color of the sputum collected, as well as the time and date in the nursing notes

### **5. Supplies and Equipment for sputum Specimen**

- Supplies and equipment required to collect a sputum specimen are sterile container with tight-fitting lid.
- Box of tissues.
- Gloves.
- Laboratory request form (SF 553).

### **6. Stool Specimens**

Stool Specimens are collected for many examinations.

Explain the reason for the test and the procedure to the patient.

- The most common is the ova and parasites test, a microscopic examination of feces for detecting parasites such as amebas or worms.
- Stools specimen are often tested for blood.

### **7. Procedure for Stool Specimen**

Procedure to perform a **Stool Specimen** is as follows;

Ask the patient to tell you when he feels the urge to have a bowel movement.

Wear gloves when handling any bodily discharge.

Give the bedpan when the patient is ready.

If the patient wants to urinate first, give a male the urinal or give a female the extra bedpan.

Remove the bedpan.

Use the tongue blade to transfer a portion of the feces to the specimen container.

### **8. After Stool Specimen is taken**

The following outlines the procedure after the specimen is taken from the patient;

**Complete the appropriate laboratory request form, noting any special examination** ordered.

Take the **specimen to the lab immediately**; examination for parasites, ova, and organisms must be made while the stool is warm.

If an infant's stool is to be examined, **place the diaper** in a **leak proof bag**, label it, and take **the diaper and request form to the lab immediately**.

### **9. Guaiac Test**

The purpose of this test, using guaiac as a reagent, is to detect the presence of occult blood (blood that appears from a nonspecific source, with obscure signs and symptoms), which is not visible.

Each method of testing has specific procedure, which must be followed to get accurate results. If it is done at the nursing station, instructions should be kept with the reagents used.

Follow the manufacturer's instructions consult hospital standing operating procedures (SOP).

### **10. Urine Specimen**

**Urinalysis is included** in a **health examination**, and as **part of the admission process** for **all inpatients**.

Simple urine tests, such as for sugar and acetone, are often performed by the nurse in the hospital or by the patient at home.

**Urine** is assessed first for its **physical appearance**:

**Color.** Freshly voided urine is transparent and light amber in color.

The amount and kinds of waste in the urine make it lighter or darker.

## Module 10.1 - Physical Examination - Function

The **Physical Assessment** is the **first Step** in the **nursing process**.

It provides **the foundation** for the nursing **care plan** in which your **observations play an integral part in the assessment, intervention, and evaluation phases**.

The chances of overlooking important data are greatly reduced because the **physical assessment is performed in an organized, systematic manner**, instead of a random manner.

**An accurate Physical Assessment** requires an organized and systematic approach using the techniques of inspection, palpation, percussion, and auscultation.

It also requires a **trusting relationship** and **rapport** between the nurse and the patient to **decrease the Stress** the patient may have from being **physically exposed and vulnerable**.

The patient will be **much more relaxed and cooperative** if you **explain** what **will be done** and the **reason for doing it**.

While the findings of a nursing assessment do sometimes contribute to the identification of a medical diagnosis, the unique focus of a **nursing assessment is on the patient's responses to actual or potential problems**.

After completing this lesson, the learner should be able to:

- Define physical assessment.
- Cite the purposes for performing a physical assessment.
- Cite the nursing considerations for preparing a patient for a physical assessment.
- Identify the basic techniques used in performing a physical assessment.

The following **examination techniques** are used during **Physical Assessment**.