Oxford University Hospitals
NHS Foundation Trust

Taking Wound Swabs – AT A GLANCE

WHEN TO TAKE A WOUND SWAB

All wounds contain bacteria, but are not necessarily infected. Therefore routine swabbing of wounds is not recommended.

A wound swab should only be sent for microscopy and sensitivity (MC&S) if:

- The patient has clinical signs and symptoms of an infection and
- Antimicrobial therapy is being considered

NB: Wound swabs should be taken before antibiotics are started.

Key signs and symptoms of a Wound Infection:

- Swelling; redness; heat at the wound site; bleeding
- Purulent discharge; increased level of discharge; malodour; abscess
- Pyrexia 5 – 7 days post-surgery; unexpected pain/tenderness
- Malaise or other non-specific worsening of the patient's condition
- Delayed healing; unexplained wound deterioration; dehiscence

PREPARATION

Inform and obtain verbal consent from the patient.

- **Give analgesia as required – this procedure can be painful**

Preparation:

Decontaminate hands using soap and water or alcohol hand sanitiser

Clean a dressing trolley using green Clinell wipes

Gather equipment:

- Appropriate dressings and dressing pack containing sterile gloves
- OUH approved wound swab (consists of sterile cotton wool bud and plastic charcoal transport medium tube)
- Sterile 0.9% saline – use to moisten tip of swab if the wound is dry

Decontaminate hands

- Put on personal protective equipment (PPE) - apron and non-sterile gloves
- Remove soiled wound dressings and discard into orange clinical waste bag

PROCEDURE

Take wound swab using the Aseptic Non-Touch Technique (ANTT). See ANTT Wound Care Guidance:

- Remove gloves and decontaminate hands again
- Open dressing pack, assemble equipment including wound swab onto sterile field
- Decant sterile saline into moulded receptacle of dressing pack set
- Put on sterile gloves – in case you have to touch the wound
- Clean wound with sterile saline to avoid collecting a sample of normal skin flora bacteria
- Moisten tip of swab in sterile saline - helps bacteria attach to swab
- **Roll the swab in a 1 cm^2 area of the most contaminated part of the central wound bed (Levine technique; Angel et al 2011)**
- Exert enough pressure to express fluid from within the wound tissue
- Avoid letting the swab touch the wound margins or skin
- **Carefully insert swab straight into the transport medium tube**
- Complete wound care and discard clinical waste into orange bag
- Remove PPE (gloves then apron) and decontaminate hands

REQUEST MC&S

Request 'surface swab MCS' on the Electronic Patient Record (EPR)

- On the request state the wound location from which the swab was taken and any antimicrobial therapy/ dressings the patient is about to start or has already used
- **Apply the EPR generated Specimen Label to the swab sample and place in a microbiology EPR specimen bag**
- Send the sample to the microbiology laboratory as soon as possible