

Step	Reason and patient-centred care considerations
7. Perform steps 10-16 of the common steps (see pp. 39-43).	To ensure that: <ul style="list-style-type: none"> <li>• the patient is safe and comfortable.</li> <li>• the specimen has been correctly collected and documented in the patient's records.</li> <li>• the equipment is clean and in working order.</li> </ul>

**Evidence base:** PHE (2014a)

## Collecting a faeces specimen

### Indications for taking the specimen

Gastro-intestinal infections (bacterial, viral or parasitic) e.g. food poisoning (Salmonella, Campylobacter, Giardia), *C. difficile*, Norovirus, Shigella, tapeworm.

Ensure the patient actually has diarrhoea in line with local definitions, check with patient if possible and refer to stool chart.

If the patient has previously been diagnosed with *C. difficile* infection check with your local infection prevention team and policies for guidance on whether further specimens are required.

Step	Reason and patient-centred care considerations
1. Perform steps 1-8 of the common steps.	To prepare the patient and yourself to undertake the skill.
2. Negotiate with the patient for them to defecate into a commode or bedpan.	To enable a sample to be collected. Support the patient to avoid urinating at the same time. To maintain accurate documentation remember to record specimen collection and bowel motion on stool chart.

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3. Place sample in specimen container carefully avoiding contamination of the outside of the pot.	<p>A maximum of 10g of faeces is suitable for investigation.</p> <p><b>Do not overfill the container</b> due to the risk of explosion on opening in the laboratory - natural gases are produced by faecal bacteria so if the specimen is stored in warm conditions a buildup of gas can occur resulting in explosion on opening (with potentially unpleasant results!).</p>
4. Ensure faeces specimens are transported to the laboratory as soon as possible.	Some important organisms e.g. Shigella cysts do not survive well if specimens are delayed for any length of time.
5. Perform steps 10-16 of the common steps.	<p>To ensure that the:</p> <ul style="list-style-type: none"> <li>• patient is safe and comfortable.</li> <li>• specimen has been correctly collected and documented in the patient's records.</li> <li>• equipment is clean and in working order.</li> </ul>

**Evidence base:** PHE (2014b)

## Collecting a urine specimen

A urine sample includes mid-stream (MSU), clean catch (CCU) and catheter specimen of urine (CSU). Early morning urine (EMU) is required for some tests.

Patients may require support from nursing staff to collect an MSU if they have mobility problems, are elderly or have learning disabilities. Some patients also find the thought of collecting specimens distasteful or undignified and may require support from staff with this. Commercial kits are now available that incorporate a funnel to help patients 'aim' urine into the container and avoid contamination of the outside of the container.

### Indications for taking the specimen

Suspected urinary tract infection, other investigation e.g. legionella antigen test. EMU for renal tuberculosis or hormonal investigations.

Step	Reason and patient-centred care considerations
<p>1. Perform steps 1-8 of the common steps (see pp. 39-43).</p>	<p>To prepare the patient and yourself to undertake the skill.</p>
<p><b>Mid-stream specimen (MSU)</b></p> <p>2. Advise patient on how to collect the specimen.</p>	<p><b>Catheter specimen (CSU)</b></p> <p>2. Samples may be obtained from a urethral or supra pubic catheter or as a result of intermittent self-catheterization.</p>
<p>3. The sample should be collected by advising the patient not to urinate immediately into the container but to discard the first few mls of urine. The first few mls of urine may become contaminated during voiding which could affect the sample quality.</p>	<p><b>Clean catch specimen (CCU)</b></p> <p>3. All urine is voided into a sterile container and then a portion of this is decanted into a sterile urine specimen container. The laboratory request form must be clear that the urine is a CCU and not an MSU to support laboratory interpretation of results.</p>
<p>For both male and female patients peri-urethral cleaning is recommended, water is sufficient for this. Separate swabs should be used for each wiping motion and in females the wiping motion should be from front to back to avoid contamination from the anal region. A CCU is not as good quality as an MSU but is a reasonable alternative where an MSU cannot be obtained.</p>	<p>3. The sample should be removed using a syringe from the dedicated port on the catheter. The specimen should never be taken from the tap of the catheter bag. The sampling port should be cleaned with an alcohol wipe if physically clean (if soiled it may be necessary to clean first with detergent and water or detergent wipe).</p>

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		<p><b>CSU</b></p> <p>Aseptic technique is used to reduce the infection risk. Historically CSUs were collected using a needle and syringe to access urine via a self-sealing sampling sleeve. This practice is no longer acceptable due to the risk of needle-stick injury.</p>
4.	As necessary place sample in specimen container carefully avoiding contamination of the outside of the pot.	10ml of urine is sufficient for microbiological investigations.
5.	Perform steps 10-16 of the common steps.	<p>To ensure that the:</p> <ul style="list-style-type: none"> <li>• patient is safe and comfortable.</li> <li>• specimen has been correctly collected and documented in the patient's records.</li> <li>• equipment is clean and in working order.</li> </ul>

**Evidence base:** PHE (2014c); Sharp Instruments in Healthcare Regulations (2013)

## Collecting a sputum sample

### Indications for taking the specimen

Upper and lower respiratory tract infections, including pneumonia:

Micro-organisms normally present in the upper respiratory tract can contaminate the usually sterile lower respiratory tract and cause infection.

Green sputum does not necessarily mean the patient has an infection!

Step	Reason and patient-centred care considerations
1. Perform steps 1-8 of the common steps (see pp. 39-43).	To prepare the patient and yourself to undertake the skill.
2. The patient is required to expectorate in order to produce a specimen of sputum - saliva is not suitable.	Patients who have difficulty coughing or expectorating may need a physiotherapist to help them produce a sample.
3. As necessary, place sample in specimen container, carefully avoiding contamination of the outside of the pot.	A minimum of 1 ml of sputum is required.
4. Samples should be sent to the laboratory as soon as possible (sputum may be refrigerated for up to 2-3 hours).	Some bacteria die easily and overgrowth of other bacteria occurs quickly at room temperature, which will produce false results.
5. Perform steps 10-16 of the common steps (see pp. 39-43).	To ensure that: <ul style="list-style-type: none"><li>• the patient is safe and comfortable.</li><li>• the specimen has been correctly collected and documented in the patient's records.</li><li>• the equipment is clean and in working order.</li></ul>

**Evidence base:** PHE (2014e)