PURPOSE

The purpose of this policy and practice support document is to provide guidance in obtaining specimen collection for culturing.

TO CULTURE AN INCISION OR WOUND:

1. **CHECK** chart for physicians order to obtain wound culture.
2. **CLEAN** incision/wound of any debris or pus, bacterial buildup or necrotic tissue with normal saline. Irrigate the wound if needed.
3. **USE** sterile gauze to remove excess normal saline or water from the wound bed surface.
4. **SWAB** the incision/wound with a sterile culture swab. Gather fluid from inside the incision/wound and along the edges if applicable by **ROTATING** the tip of the swab over a 1 cm² area of the wound for 5 seconds in duration using sufficient pressure to express fluid from within the wound tissue.
   
   *Rationale:* This technique is believed to be more reflective of tissue bioburden than swabs of exudate or swabs taken with a broad Z-stroke. Theoretically, this technique, known as the Levine technique, is the best technique for wound swabbing, provided the wound is cleansed first and the area sampled is over viable tissue, not necrotic tissue or eschar.
5. **PLACE** the culture swab into the tube with medium.
6. **LABEL** specimen and requisition with:
   a. patient identification
   b. location and type of wound (eg. post surgical incision, right leg cellulitis, pressure ulcer)
   c. antibiotics the patient is receiving
   d. collection date and time
   e. patient diagnosis
7. **PLACE** specimen in biohazard transport bag and transport to lab promptly.

REFERENCES


