



Only collect a wound sample in the presence of clinical signs and symptoms of wound infection (not colonisation / contamination) – see local Best Practice Recommendations for Wound Specimens.

Take a specimen before commencing antibiotics

- 1. Wash hands with soap and water or alcohol-based sanitiser if water not available.
- 2. Obtain patient consent.
- 3. Inspect wound.
- 4. Document details of wound in patient's medical notes.
- 5. Apply sterile gloves and maintain a sterile field.
- 6. Wear plastic apron, mask and eye protection if bodily fluids are likely to splash.
- 7. Cleanse wound using warm or sterile normal saline.
- 8. Debride non-viable tissue if present and repeat cleansing.

Biopsy of deep tissue is gold standard for wound culture but should only be performed if trained.

Wound swabs are not very useful as a diagnostic tool - majority of wounds will be colonised and difficult to ascertain which is the causative bacteria for the infection.

Do not collect a superficial sample from the surface of a wound

- 9. If pus present, using sterile technique, aspirate or collect from a drainage tube or using a sterile needle and syringe up to 5 ml of pus. Transfer to a leak-proof sterile container.
- 10. When using a sterile swab, moisten the wound swab tip with sterile normal saline then immerse the swab in a container of Amies transport medium.
- 11. Obtain the sample from the cleanest area of the wound.

Do not obtain the sample from pus, slough or necrotic tissue

- 12. When the tissue is deeply ulcerated and necrotic (full of dead cells): Aspirate a sample of infected material from the side wall of the ulcer using a sterile needle and syringe. Transfer to a sterile container.
- 13. Using an aseptic technique, firmly press the swab down into the wound and rotate the swab over a 1cm² area to express fluid from the tissue (Levine technique).
- 14. Complete all sections of the laboratory request form.

Provide sufficient information on the request form, including duration of wound; provisional diagnosis of wound status; depth of wound; relevant clinical history, co-morbidities, allergies; current antibiotic therapy; relevant medication e.g. steroids

- 15. Label sample correctly with patient's details, date and time sample was taken, and the accurate anatomical site of the sample.
- 16. Dispose of infectious waste and sharps appropriately.
- 17. Document details of wound assessment (type, size and procedure performed) in patient's medical notes.
- 18. Send specimen to laboratory in a timely manner.
- 19. Start empirical antibiotics if wound is infected.
- 20. At 72 hours, review antibiotics with results of wound specimen and clinical response.

If at any point the patient shows signs of systemic infection with a temperature / sepsis, take blood cultures if possible.

Reference: WII-CD-2022-web.pdf (woundsinternational.com)