

## #47 - COLLECTING A SWAB SPECIMEN

(Partner Check-Off)

I acknowledge I have physically practiced and successfully learned the following skill(s):

Student: \_\_\_\_\_ Date: \_\_\_\_\_

	P1	P2	P3	Comments
1. Verified the health care provider's orders.				
2. Gathered the necessary equipment and supplies.				
3. Performed hand hygiene, and provided for the patient's privacy.				
4. Introduced self to the patient and family.				
5. Identified the patient using two identifiers.				
7. <u>Collected a swab specimen:</u>				
a. Gave the patient an opportunity to blow nose.				
b. Applied clean gloves.				
c. Opened sterile specimen swab without contamination.				
d. Swabbed each nares with a swab				
e. Placed swabs in culture tube, secures cap, and activated medium				
f. Offered tissues to the patient. Disposed of the used tissues in an appropriate receptacle.				
9. In the patient's presence, labeled the specimen with an identification label attached to the side of the container. Placed the specimen in a plastic biohazard bag. Attached the requisition form to the bag.				
10. Sent the specimen immediately to the laboratory for analysis				
12. Helped the patient into a comfortable position, and placed toiletries and personal items within reach.				
13. Placed the call light within easy reach, and made sure the patient knew how to use it to summon assistance.				
14. Raised the appropriate number of side rails and lowered the bed to the lowest position.				
15. Disposed of used supplies and equipment. Left the patient's room tidy.				

16. Removed and disposed of gloves, when used. Performed hand hygiene.

17. Documented and reported the patient's response and expected or unexpected outcomes. Completed Lab Request Form

**S** = Satisfactory    **U** = Unsatisfactory    **NP** = Not Performed    \* = Must Perform to Pass

*By signing below I acknowledge that I witnessed the skill performed and the student successfully passed the skill.*

Practice 1: Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_

Practice 2: Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_

FINAL Student Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_

\* Complete the Lab Request Form\*

<b>LABORATORY REQUEST – INPATIENT</b>		Sample # _____
ORDERING MD: _____		ORDERED IN LIS BY: _____ COLLECTED BY _____ TIME _____ DATE/TIME RECEIVED _____
ORDER INFO DATE _____ TIME _____ BY _____ TO BE DONE _____ INSTRUCTIONS _____ ROOM NO. _____		<input type="checkbox"/> TECH CALLBACK CHARGE
FASTING <input type="checkbox"/> YES <input type="checkbox"/> NO		
HEMATOLOGY/COAGULATION	URINALYSIS/URINE CHEMISTRY	PANELS & CONVENIENCE PROFILES
261 <input type="checkbox"/> CBC 1 <input type="checkbox"/> CBC W/DIFFERENTIAL 54 <input type="checkbox"/> HEMATOCRIT 71 <input type="checkbox"/> PLATELET COUNT 78 <input type="checkbox"/> RETIC COUNT 194 <input type="checkbox"/> SED RATE (ESR) 41 <input type="checkbox"/> PROTINE 42 <input type="checkbox"/> APTT 95 <input type="checkbox"/> FIBRINOGEN 89 <input type="checkbox"/> D-DIMER 92 <input type="checkbox"/> BLEEDING TIME <input type="checkbox"/>	5 <input type="checkbox"/> URINALYSIS, COMPLETE 423 <input type="checkbox"/> URINALYSIS, CHEM ONLY 14 <input type="checkbox"/> CREATININE CLEARANCE 570 <input type="checkbox"/> MICROALBUMIN SCREEN 331 <input type="checkbox"/> URINE AMYLASE _____ HR 404 <input type="checkbox"/> URINE CALCIUM 24 HR 476 <input type="checkbox"/> URINE GLUCOSE 24 HR 415 <input type="checkbox"/> URINE PHOSPHOROUS 24 HR 346 <input type="checkbox"/> URINE PROTEIN 24 HR 49 <input type="checkbox"/> URINE SOD/POT 24 HR 329 <input type="checkbox"/> URINE SOD/POT, RANDOM 330 12 <input type="checkbox"/> URINE URIC ACID 24 HR	7 <input type="checkbox"/> ARTHRITIS PROFILE F3 <input type="checkbox"/> BASIC METABOLIC PANEL (BMP) 2 <input type="checkbox"/> CARDIAC ENZYME PROFILE F2 <input type="checkbox"/> COMPREHENSIVE METABOLIC PROFILE (CMP) F1 <input type="checkbox"/> ELECTROLYTE PANEL F4 <input type="checkbox"/> HEPATIC FUNCTION PANEL + GGT F7 <input type="checkbox"/> LIPID PANEL 10 <input type="checkbox"/> METABOLIC 10 PROFILE 4 <input type="checkbox"/> PRENATAL PROFILE WITHOUT RUBELLA 9 <input type="checkbox"/> PRENATAL PROFILE WITH RUBELLA 13 <input type="checkbox"/> RENAL FUNCTION PANEL 15 <input type="checkbox"/> THYROID PROFILE (TSH + FT4)
BLOOD BANK	INDIVIDUAL CHEMISTRIES	
47 <input type="checkbox"/> TYPE & Rh 595 <input type="checkbox"/> ANTIBODY SCREEN 228 <input type="checkbox"/> DIRECT COOMBS (DAT) 322 <input type="checkbox"/> CROSSMATCH x _____ 522 <input type="checkbox"/> AUTOLOGOUS x _____ 722 <input type="checkbox"/> FRESH FR PLASMA x _____ 2 <input type="checkbox"/> PLATELETPHERESIS x _____ 822 <input type="checkbox"/> CRYOPRECIPITATE x _____ 380 <input type="checkbox"/> RhoGAM IF INDICATED	113 <input type="checkbox"/> ALBUMIN 122 <input type="checkbox"/> ALK PHOSPHATASE 125 <input type="checkbox"/> ALT (SGPT) 205 <input type="checkbox"/> AMYLASE 124 <input type="checkbox"/> AST (SGOT) 119 <input type="checkbox"/> BILIRUBIN, TOTAL 120 <input type="checkbox"/> BILIRUBIN, DIRECT 101 <input type="checkbox"/> BUN 114 <input type="checkbox"/> CALCIUM 104 <input type="checkbox"/> CHLORIDE 115 <input type="checkbox"/> CHOLESTEROL 105 <input type="checkbox"/> CARBON DIOXIDE (CO2) 127 <input type="checkbox"/> CK (CPK), TOTAL 109 <input type="checkbox"/> CREATININE 300 <input type="checkbox"/> FERRITIN 168 <input type="checkbox"/> FT4 (FREE T4) 130 <input type="checkbox"/> GGT 108 <input type="checkbox"/> GLUCOSE 18 <input type="checkbox"/> GLUCOSE TOL _____ HRS 311 <input type="checkbox"/> GLYCOHEMOGLOBIN 999 <input type="checkbox"/> IRON 314 <input type="checkbox"/> LACTIC ACID 123 <input type="checkbox"/> LD (LDH) 237 <input type="checkbox"/> MAGNESIUM 189 <input type="checkbox"/> PHOSPHOROUS 103 <input type="checkbox"/> POTASSIUM 631 <input type="checkbox"/> PREALBUMIN 112 <input type="checkbox"/> PROTEIN, TOTAL 1008 <input type="checkbox"/> PSA (PROSTATIC SP ANT) 102 <input type="checkbox"/> SODIUM 126 <input type="checkbox"/> TRIGLYCERIDES 510 <input type="checkbox"/> TROPONIN I (COMPLEXED) 164 <input type="checkbox"/> TSH (THYR STIM HOR) 118 <input type="checkbox"/> URIC ACID	
MICROBIOLOGY		THERAPEUTIC/TOXIC DRUGS
SPECIMEN SOURCE: 99 <input type="checkbox"/> STREP SCREEN 558 <input type="checkbox"/> GRAM STAIN 131 <input type="checkbox"/> C. DIFFICILE TOXIN A 217 <input type="checkbox"/> CHLAMYDIA EIA SCREEN 692 <input type="checkbox"/> CULTURE, BLOOD 694 <input type="checkbox"/> CULTURE, GC 681 <input type="checkbox"/> CULTURE, SPUTUM 693 <input type="checkbox"/> CULTURE, STOOL 683 <input type="checkbox"/> CULTURE, STREP B 682 <input type="checkbox"/> CULTURE, THROAT/NP 680 <input type="checkbox"/> CULTURE, URINE 690 <input type="checkbox"/> CULTURE, OTHER—LIST SOURCE 450 <input type="checkbox"/> EOSINOPHIL SMEAR 449 <input type="checkbox"/> H. PYLORI ANTIBODY 686 <input type="checkbox"/> KOH/FUNGUS/WET MT 238 <input type="checkbox"/> OCCULT BLOOD 390 <input type="checkbox"/> RESP SYN VIRUS (RSV) 229 <input type="checkbox"/> STOOL WET MOUNT		DOSE TIME: 258 <input type="checkbox"/> ACETAMINOPHEN 199 <input type="checkbox"/> CARBAMAZEPINE (TEGRETOL) 499 <input type="checkbox"/> DIGOXIN 203 <input type="checkbox"/> ETHANOL (Blood Alcohol) 234 <input type="checkbox"/> GENTAMICIN, RANDOM 501 <input type="checkbox"/> GENTAMICIN, TROUGH 589 <input type="checkbox"/> GENTAMICIN, PEAK 317 <input type="checkbox"/> LITHIUM 335 <input type="checkbox"/> PHENOBARBITAL 227 <input type="checkbox"/> PHENYTOIN (DILANTIN) 248 <input type="checkbox"/> SALICYLATE 355 <input type="checkbox"/> THEOPHYLLINE 323 <input type="checkbox"/> VALPROIC ACID (DEPAKENE) 511 <input type="checkbox"/> VANCOMYCIN, RANDOM 326 <input type="checkbox"/> VANCOMYCIN, TROUGH 327 <input type="checkbox"/> VANCOMYCIN, PEAK 378 <input type="checkbox"/> TRIAGE (STAT URINE TOXIC SCREEN ONLY)
		IMMUNOLOGY & PREGNANCY
		209 <input type="checkbox"/> ASO 235 <input type="checkbox"/> MONO SCREEN 242 <input type="checkbox"/> PREGNANCY, HCG, QUAL 96 <input type="checkbox"/> PREGNANCY, BHCG, QUAN 244 <input type="checkbox"/> RA (RHEUMATOID FACT) 246 <input type="checkbox"/> RPR 341 <input type="checkbox"/> RUBELLA
		BODY FLUIDS
		SPINAL FLUID (CSF) 343 <input type="checkbox"/> CELL COUNT W/DIFF 312 <input type="checkbox"/> CHLORIDE 107 <input type="checkbox"/> GLUCOSE 585 <input type="checkbox"/> PROTEIN, TOTAL OTHER FLUID _____ 550 <input type="checkbox"/> AMNIOTIC FLUID PG 813 <input type="checkbox"/> AMYLASE 343 <input type="checkbox"/> CELL COUNT W/DIFF 153 <input type="checkbox"/> CRYSTALS 506 <input type="checkbox"/> GLUCOSE 809 <input type="checkbox"/> LDH 17 <input type="checkbox"/> pH 151 <input type="checkbox"/> PROTEIN, TOTAL
		NON LISTED TESTS
		<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____