

#60 - COLLECTING A SPUTUM SPECIMEN

(Partner Check-Off)

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

Student: _____ Date: _____

TIME LIMIT: 10 Minutes	P2	P3	TEST	Points/ 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.				
6. Assessed the patient's respiratory status and anxiety level.				
7. <u>Collected a specimen of expectorated sputum:</u>				
a. Gave the patient an opportunity to rinse his or her mouth with water.				
b. Applied clean gloves. Provided a sputum cup, and instructed the patient not to touch the inside of the container.				
c. Asked the patient to take three or four deep, slow breaths, exhaling fully. Asked them to take another full inhalation, followed immediately by a forceful cough, expectorating sputum directly into the specimen container.				
d. Repeated the process until approximately 1 teaspoon of sputum had been collected.				
e. Tightly secured the lid on the container. When any sputum was present on the outside of the container, wiped it off with a disinfectant wipe.				
f. Offered tissues to the patient. Disposed of the used tissues in an appropriate receptacle.				
8. <u>Collected a sputum specimen using suctioning:</u>				
a. Positioned the patient in a high- or semi-Fowler's position.				
a. Applied a clean glove to nondominant hand. Prepared the suction machine or device, and determined if it functioned properly.				
b. Connected the suction tube to the adapter on the sputum trap. Opened the container of sterile water, and poured the water into the sterile container.				
c. Applied a sterile glove to dominant hand.				
d. With nondominant hand, connected the sterile suction catheter to the rubber tubing on the sputum trap.				
e. With the suction off, lubricated the tip of the suction catheter with sterile water. Warned the patient that the catheter would trigger the cough reflex.				
f. Gently inserted the tip of the suction catheter through the patient's nasopharynx, endotracheal or tracheostomy tube.				

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|--|--|--|--|
| g. Gently and quickly advanced the catheter into the trachea. Warned the patient to expect to cough. | | | |
| h. As the patient coughed, applied suction for 5 to 10 seconds, collecting 2 to 10 mL of sputum. | | | |
| i. Released the suction valve on the catheter, and removed the catheter itself. Turned the suction off. | | | |
| j. Detached the catheter from the specimen trap, and disposed of the catheter in the appropriate receptacle. | | | |
| k. Tightly secured the lid on the specimen container. For a sputum trap, detached the suction tubing and connected the rubber tubing on the trap to the plastic adapter. | | | |
| l. When any sputum was present on the outside of the container, wiped it off with a disinfectant wipe. | | | |
| m. Offered tissues to the patient after suctioning. 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, or refrigerated it for later transport. | | | |
| 11. Offered the patient mouth care. | | | |
| 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. | | | |

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*

LABORATORY REQUEST – INPATIENT		Sample # _____
ORDERING MD: _____	ORDER INFO DATE _____ TIME _____ BY _____ TO BE DONE _____ INSTRUCTIONS _____ ROOM No. _____ FASTING <input type="checkbox"/> YES <input type="checkbox"/> NO	ORDERED IN LIS BY: _____ COLLECTED BY _____ TIME _____ DATE/TIME RECEIVED _____ <input type="checkbox"/> TECH CALLBACK CHARGE
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"/> PROT TIME 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 <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	THERAPEUTIC/TOXIC DRUGS
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	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)
MICROBIOLOGY	IMMUNOLOGY & PREGNANCY	BODY FLUIDS
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	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	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 811 <input type="checkbox"/> URIC ACID
		NON LISTED TESTS
		<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

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