

Birmingham and Midland Eye Centre
Ophthalmic Guideline

PROCEDURE FOR TAKING A CONJUNCTIVAL SWAB – BACTERIAL – BY OPHTHALMIC NURSE PRACTITIONER

Policy author	Ophthalmic Lecturer Practitioner
Accountable Executive Lead	Clinical Director Ophthalmology
Approving body	Divisional Governance Group
Policy reference	SWBH/ BMEC/Ophth/05

ESSENTIAL READING FOR THE FOLLOWING STAFF GROUPS:
1 – BMEC Ophthalmic Clinical Staff
2 – Ophthalmology Clinical Staff

STAFF GROUPS WHICH SHOULD BE AWARE OF THE POLICY FOR REFERENCE PURPOSES:
1 – Trust Ophthalmology Clinical Staff

POLICY APPROVAL DATE:

March 2012

POLICY IMPLEMENTATION DATE:

March 2012

DATE POLICY TO BE REVIEWED:

March 2015

DOCUMENT CONTROL AND HISTORY

Version No	Date Approved	Date of implementation	Next Review Date	Reason for change (e.g. full rewrite, amendment to reflect new legislation, updated flowchart, etc.)
1	May 2007	May 2007	July 2009	
2	July 2009	July 2009	May 2012	Minor changes required
3	March 2012	March 2012	March 2015	

Procedure for taking a conjunctival swab – bacterial – by ophthalmic nurse practitioner

CONTENTS

		PAGE
1.	Introduction	4
2.	Aim	4
3.	Objectives	4
4.	Definitions	4
5.	Specific details	4-5
6.	Training	5
7.	Reference	5

1.0 Introduction

Many ophthalmic patients present with or develop a red sticky eye. To aid diagnosis in such cases it is sometimes advisable to obtain a conjunctival swab for analysis. This is a clean procedure so should be carried out in conjunction with any appropriate Trust infection control recommendations or as advised by Trust CNSIC's.

2.0 Aim/Purpose

To test for and exclude bacterial infection in the eye/s of patients presenting with or suspected of having conjunctivitis

To test for drug sensitivity of bacteria

3.0 Objectives

The investigation will be carried out by a suitably trained nurse familiar with ophthalmic procedures

Equipment for the investigation will be collected together before beginning the procedure. Two blue capped sterile swabs in transparent transport medium, appropriately filled in laboratory request form, plastic envelope for transporting the swabs and form will be needed. If in doubt – verify with microbiology department.

If you intend to take a swab avoid the use of local anaesthetic and fluorescein prior to this investigation.

4.0 Definitions used

CNSIC – Clinical nurse specialist in infection control

Cornea – Transparent layer at the front of the eye, sometimes referred to as the 'window' of the eye

5.0 Specific detail / procedure

Check the patient's name, address and personal details by asking the patient to verbalize them, with the case notes or casualty card and the procedure requested, to confirm the patient's identity and to confirm the investigation requested

Explain the procedure and the purpose of the investigation to the patient to obtain informed consent, gain co-operation, and allay any fears and anxieties

Sit or lay the patient with head well supported and with the chair at an appropriate height to ensure the patients and the nurse's safety

Wash hands using the trust hand washing procedure to reduce the risk of cross infection

Ask the patient to look up and gently pull down the lower lid exposing the conjunctiva. Gently sweep the swab stick along the lower fornix from inner to outer canthus taking

care not to touch the eyelids. Place swab immediately into bacterial medium container, then ask patient to close the eye for a few seconds. This will ensure safe technique of swab taking and avoid damage to the cornea

Repeat the procedure to the other eye if necessary to comply with investigatory request, washing hands in between to minimise the risk of contamination to the other eye. A separate swab is required for each eye.

Dispose of any waste materials according to trust policies to prevent environmental contamination

Fill in patient's details on both swab containers and place with completed request form in plastic envelope to ensure correct information for laboratory and to prevent errors

Wash hands using trust hand washing procedure to prevent cross infection

Lower patient's chair and or assist patient as necessary to ensure their safety

Send swab to microbiology laboratory immediately to ensure fresh swab received. If there is a delay keep specimen in the refrigerator until transported to microbiology laboratory, or follow local protocol for storage and transportation of swabs to microbiology laboratory.

NOTE – OBTAINING SWABS FROM CHILDREN (*excluding neonates)

When it is necessary to take a swab from a small child/baby it is important that the procedure is fully explained to the parents and that consent is obtained. If at all possible ensure that the parents stay with the child or let them assist by holding the child on their lap and supporting their head. This will help to minimise fears and anxieties. They will need constant reassurance as the child usually cries a lot and parents often find this distressing.

***Obtain paediatric nursing input for neonatal cases**

6.0 Training

All ophthalmic trained nurses will receive instruction in this procedure during their ophthalmic course

General trained nurses and health care assistants will be allowed to carry out this procedure under supervision until deemed competent by the ward or department manager

7.0 References

Kanski J J (2003). Clinical Ophthalmology, 5th Edition. Butterworth and Heinemann, Oxford

Perry J P, Tullo A B (1996). Care of The Ophthalmic Patient 2nd Edt. Chapman and Hall, London

Stollery R, Shaw M (2005). Ophthalmic Nursing, 3rd Edition. Blackwell Scientific Ltd, Oxford