

Birmingham and Midland Eye Centre
Ophthalmic Guideline

PROCEDURE FOR TAKING A CONJUNCTIVAL SWAB – VIRAL

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Accountable Executive Lead	Clinical Director Ophthalmology
Approving body	Divisional Governance Group
Policy reference	SWBH/ BMEC/Ophth/03

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

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IMPLEMENTATION
DATE:

March 2012

DATE POLICY TO
BE REVIEWED:

March 2015

DOCUMENT CONTROL AND HISTORY

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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 – viral

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1.0 Introduction

Many ophthalmic patients present with, are referred with or develop a red sticky and or watering 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 the trust CNSIC's

2.0 Aim/Purpose

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

To test for drug sensitivity of virus / isolate causative virus

3.0 Objectives

The procedure 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 white capped sterile dry swabs with plastic handles, pink viral medium in green capped containers (stored in fridge), appropriately filled in laboratory request form, plastic envelope for transporting the swabs and form will be needed

If you intend to take a swab avoid the use of local anaesthetic and fluorescein prior to this investigation. If in doubt verify with Microbiology Department.

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 with the patient, 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 or 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. Place swab stick immediately into viral medium container, break off the stick at the neck of

the container then recap the container. Ask the 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.

NOTE Both swab sticks can be broken off into the same medium container unless specifically requested to do separately. These can then be used simultaneously for viral and Chlamydia investigation if requested appropriately.

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

Fill in patient's details on the green capped swab/medium container and place with completed request form in the 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 in collection keep swab in the refrigerator until transported to laboratory?

NOTE – OBTAINING SWABS FROM CHILDREN

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 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.

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 departmental 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*. Chapman and Hall, London.

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