

PD Procedures

Exit Site Swab for Culture and Sensitivity

1.0 Practice Standard

The Registered Nurse and or Licensed practical nurse who have received education and training and who work in peritoneal dialysis will use the following outlined procedure to obtain an exit site swab for culture and sensitivity.

2.0 Definitions & Abbreviations

Culture and sensitivity (C&S): Placing material from a wound in growth medium to provide information on the type of microorganism present and the susceptibility of the microorganism to specific antibiotics

Colonization: The presence of bacteria within the wound which may multiply but do not cause damage to the host tissues or cause a wound infection

Exit site infections: see definitions for exit site infections and classifications at: <http://www.bcrenalagency.ca>

Viable tissue: Tissue that is healthy and capable of living.

3.0 Equipment

- Dressing supplies to cleanse and redress the exit site. See PD Procedures: exit site care at: [bcrenalagency.ca](http://www.bcrenalagency.ca) ► [Health Professionals](#) ► [Clinical Resources](#) ► [Peritoneal Dialysis](#)
- Sterile swab for C&S
- Sterile normal saline or sterile water
- Biohazard transport bag, labels and requisitions

4.0 Procedure and Rationale

PROCEDURE	RATIONALE
1. Proceed with exit site dressing as outlined in procedure: <ul style="list-style-type: none"> See PD Procedures: exit site care at: bcrenalagency.ca > Health Professionals > Clinical Resources > Peritoneal Dialysis 	
2. Open swab using aseptic technique	
3. Prior to taking the culture, thoroughly cleanse the exit site with sterile normal saline or sterile water	Cleansing solution provides moisture to the wound bed to improve the yield of bacteria
4. Use sterile gauze to remove excess saline from the skin surface around the exit site	
5. Rotate the tip of the sterile swab over 1 cm ² area of viable tissue for 5 seconds	This ensures that the swab is collected from viable tissue and not necrotic, purulent material or eschar that is heavily contaminated with bacteria. Use enough pressure to extract fluid from the exit site tissue.
6. Place the swab into the tube with medium	
7. Re dress the wound as per protocol	
8. Label and send swab to lab in biohazard transport bag with appropriate requisitions as soon as possible	Delays in getting the specimen to the lab for analysis may alter the C&S results (some bacteria may die, and others may be overgrown by more rapidly growing strains)

Disclaimer: The procedure steps may not depict actual sequence of events. Patient/Client//PD program specifics must be considered when implementing protocols.

5.0 Patient Teaching Considerations

	RATIONALE
1. Educate patient to report changes in exit site appearance immediately to the PD program for assessment	Prompt attention to exit site changes minimizes the potential for acute/chronic exit site infections.

6.0 Documentation Considerations

Document in the patient's health record:

- Collection date and time
- Assessment of exit site appearance
- Results
- Treatment
- Patient education

7.0 Special Considerations: Interventional Guidelines

(does not replace individualized care and clinical expertise)

Specimens must be transported to the lab as soon as possible (within 24 hours) for best results.

Exit sites should only be cultured when signs and symptoms of infection are present. See exit site classification procedures for further information: bcrenalagency.ca > Health Professionals > Clinical Resources > Peritoneal Dialysis. Chronic wounds such as exit sites have colonized microorganisms, but this does not mean that the exit site is infected.

The exit site must be cleansed with sterile normal saline or sterile water prior to swabbing to avoid contaminating the swab with normal skin flora, necrotic tissue or pus. Swabbing necrotic tissue or pus may produce false results.

8.0 References

BC Provincial Nursing Skin and Wound Committee. Procedure: Swab for Culture and Sensitivity in Suspected Wound infection. June 2015. Accessed from the internet December 3, 2018. <https://www.picnet.ca>

9.0 Developed By

- BC Renal PD RN group

10.0 Reviewed By

- BC Renal PD Medical Director
- BC Renal PD RN group-procedure reviewed and revised August 2020.

11.0 Created

- December 2018