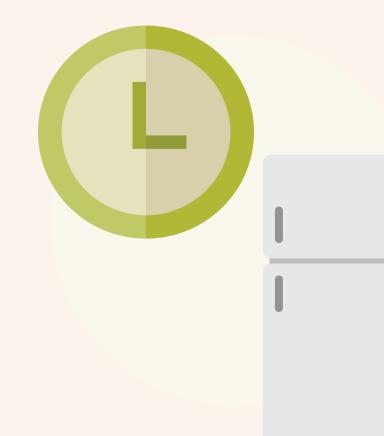
Sputum Collection Tips for Healthcare Workers

Before collection:

- Healthcare workers should wear appropriate respiratory protection if present for collection
- Ensure use of a safe place for sputum collection, such as negative pressure room, outside, or in a well-ventilated room in the client's home
- Educate the client on collection steps
- Plan to observe the first specimen collection. The second and third specimens should be collected at least 8 hours apart
- Plan to collect a morning sputum. Secretions pool overnight, so a morning sputum is a better specimen
- Instruct the client to rinse their mouth with filtered or bottled water to limit the presence of nontuberculous mycobacteria (NTM) and food
 - A lot of tap water contains NTM handout on <u>VDH TB website</u>
 - If you do not have filtered or bottled water, boiled tap water can be used

During collection:

- Observe at least the first sputum collection:
 - Ensure the sample is thick, not watery with spit or nasal secretions
 - Obtain at least 5mL
 - Instruct the client not to put their mouth on the tube, if possible
- Encourage the client to sit and lean forward. This is the best position for producing a strong cough
- Try these strategies if the client cannot produce sputum:
 - Have the client breathe in steam from a hot shower or a boiling pot of water
 - Apply percussion to the client's back to help loosen secretions
 - Help the client use a nebulizer with hypertonic saline to induce sputum. Inhaling the saline for about 10 minutes should help produce a cough
- Tightly seal the collection tube



After collection:

- Label the tube with:
 - Client's full name
 - Unique identifier (i.e., client ID, DOB)
 - Date and time of collection
- Place only one conical tube per biohazard bag
- Store specimens refrigerated at 4°C (do not freeze)
- Enter specimen order into WebVISION and dispatch order
- Ship on a cold pack within 24 hours of collection
- Do not batch (hold onto) specimens to submit to DCLS together the fresher the better!

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