

STEP-BY-STEP GUIDELINES FOR COLLECTION OF THE SPONTANEOUS SPUTUM SAMPLE OF IN-PATIENTS. THE OBJECTIVE OF THIS COLLECTION IS TO CONFIRM THE DIAGNOSIS OF PULMONARY TUBERCULOSIS, PULMONARY DISEASE BY NON-TUBERCULOUS MYCOBACTERIA OR FOR TREATMENT FOLLOW-UP OF ANY OF THESE DISEASES

RECOMMENDATIONS OF FAST AND WATER INGESTION PRIOR TO COLLECTION

AT THE NIGHT PRIOR TO THE DATE OF SPUTUM COLLECTION, THE HEALTH CARE WORKER, PROPERLY WORN WITH N95 MASK, SHOULD:

1. COMMUNICATE TO THE PATIENT THAT A SPUTUM SAMPLE WILL BE COLLECTED IN THE MORNING OF THE NEXT DAY;
2. RECOMMEND TO THE PATIENT REMAIN ON FAST OF AT LEAST 6 h;
3. RECOMMEND TO THE PATIENT TO INGEST WATER AS MUCH AS POSSIBLE DURING THE NIGHT PRIOR TO THE COLLECTION DATE. WATER INGESTION IS ALLOWED DURING THE FAST PERIOD;
4. ADVISE THE PATIENT TO NOT MAKE ORAL HYGIENE WITH TOOTH CREAM or SOLUTIONS for RINSING THE MOUTH/GARGLING IN THE MORNING OF THE COLLECTION DATE and
5. INFORM THAT TOOTH BRUSHING, RINSING THE MOUTH and GARGLING WITH WATER ARE ENOUGH AND INDISPENSABLE.

VIAL PREPARATION

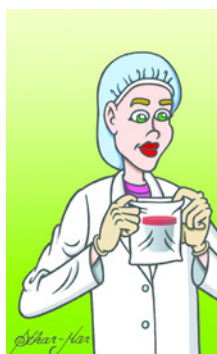
THE HEALTH CARE WORKER SHOULD:

1. WASH THE HANDS PRIOR TO VIAL PREPARATION;
2. CHOOSE A STERILE AND SCALED VIAL WITH TRANSPARENT WALLS, MINIMAL AND MAXIMAL VOLUMES OF 35 ml and 50 ml, respectively, MAXIMAL HEIGHT of 40 mm and TWISTING TAP with a DIAMETER of 50 mm, according to the illustration below;



Boca larga= large mouth; tampa rosqueável= twisting tap; plástico transparente= transparent plastic, capacidade de 35 ml a 50 ml= minimal and maximal volumes of 35 ml and 50 ml, respectively; pote descartável= disposable vial; altura mínima= minimal height; etiqueta do frasco – Nome completo= full name, data=date: xx/yy/zz

3. OPEN THE PLASTIC BAG OF THE COLLECTION VIAL, TAKE THE VIAL OFF WITHOUT UNTWISTING THE TAP and DISCARD THAT IN THE COMMON TRASH;



4. RECORD THE PATIENT NAME AND THE COLLECTION DATE IN A LABEL;

5. FIX THE LABEL ON THE EXTERNAL WALL OF THE COLLECTION VIAL;



6. DO NOT FIX THE LABEL OVER THE VOLUME SCALE OR OVER THE TAP;



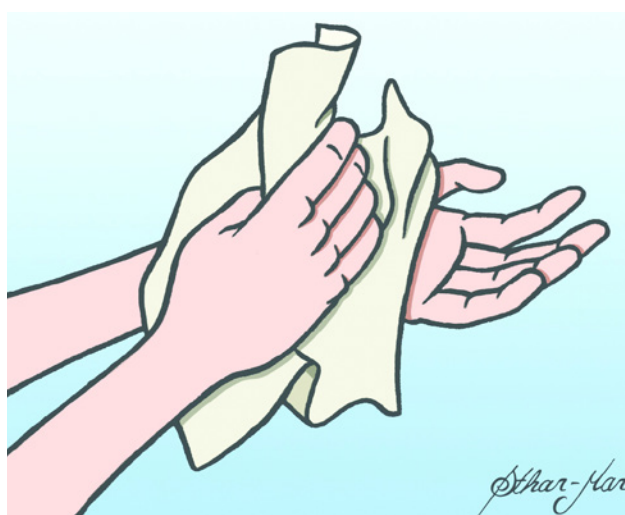
7. 10 ml LINE MUST BE POINTED OUT WITH BLACK RETO-PROJECTOR PEN TO MAKE EASIER THE OBSERVATION OF THE LEVEL TO BE REACHED WITH THE SPUTUM.

HAND WASHING, HYGIENE OF THE TEEH AND ORAL CAVITY

IN THE MORNING OF THE COLLECTION DATE, THE HEALTH CARE WORKER, PROPERLY WORN WITH N95 MASK, SHOULD:

1. ASK THE PATIENT TO GO TO THE BATHROOM FOR THE FOLLOWING PROCEDURES:

a) WASH THE HANDS WITH WATER AND SOAP and, LATER ON, DRY THEM WITH PAPER TOWEL;



b) REMOVE ANY TOOTH PROTHESIS;



c) BRUSH THE TEETH WITH TOOTH BRUSH DAMPENED WITH FILTERED WATER TO REMOVE ANY FOOD RESIDUE OF THE TEETH, GINGIVAS and TONGUE and

d) RINSE THE MOUTH and GARGLE WITH FILTERED WATER;



ENVIRONMENTAL PREPARATION FOR SPUTUM COLLECTION

IN THE MORNING OF THE COLLECTION DAY, THE HEALTH CARE WORKER, PROPERLY WORN WITH N95 MASK, SHOULD:

1. ASK THE PATIENT TO SIT OR RAISE THE BED HEAD 90° TO BEGIN THE COLLECTION. HE/SHE MUST REMAIN SITTEN THOROUGHOUT THE COLLECTION PROCEDURE;



2. KEEP A TABLE NEAR THE PATIENT TO SUPPORT THE COLLECTION VIAL;



3. PUT THE COLLECTION VIAL IN AN EASY AND ACCESSIBLE PLACE TO THE PATIENT;

4. PUT A FILTERED WATER BOTTLE AND A CUP OVER THE TABLE IN ORDER THE PATIENT CAN DRINK DURING THE COLLECTION PROCEDURES;



5. BEFORE DELIVERING THE COLLECTION VIAL, ASK THE PATIENT IF HE HAS ALREADY PERFORMED THE TOOTH BRUSHING AND THE RINSING WITH WATER. IF NOT, ASK HIM TO MAKE BOTH PROCEDURES. IF THE PATIENT IS RESTRICTED TO THE BEDROOM; DELIVER A TOOTH BRUSH WITH A WATER CUP FOR BOTH PROCEDURES.

b) THESE PROCEDURES SHOULD BE REPEATED THREE TIMES and

c) IMMEDIATELY AFTER, STIMULATE THE PATIENT TO COUGH.

SIMULATION OF THE PROCEDURES FOR SPUTUM COLLECTION

THE HEALTH CARE WORKER, PROPERLY WORN WITH N95 MASK, SHOULD EXPLAIN TO THE PATIENT IN FEW WORDS USING A SIMPLE AND OBJECTIVE LANGUAGE THE PROCEDURES TO COLLECT THE SAMPLE OF SPONTANEOUS SPUTUM. SIMULATE THE PROCEDURES TO MAKE EASIER THE UNDERSTANDING BY THE PATIENT:

1. EXPLAIN THAT THE SPUTUM IS A FLUID WHICH COMES FROM THE LUNGS, AFTER COUGHING. THEREFORE, PATIENT'S COLLABORATION TO COUGH IS INDISPENSABLE;

2. ADVISE THE PATIENT TO:

a) BREATH DEEPLY, KEEP THE AIR INSIDE THE LUNGS FOR SOME SECONDS and, LATELY, EXPIRATE;

3. WHILE COUGHING, THE PATIENT SHOULD UN-TWIST THE COLLECTION VIAL TAP, OPEN THE VIAL and CURVE THE HEAD OVER THE VIAL, WITHOUT TOUCHING THE LIPS, CHIN or CHEEKS IN ANY AREA OF THE VIAL OR OF ITS TAP;



4. DO NOT TOUCH THE FINGERS IN THE INTERNAL PART OF THE VIAL;

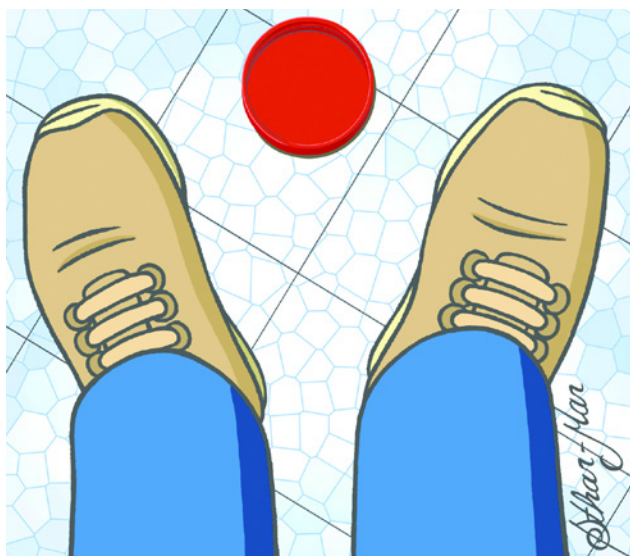


5. EXPECTORATE INSIDE THE VIAL;

6. AT THE END OF EACH EXPECTORATION, ADVISE THE PATIENT TO CLOSE THE VIAL COMPLETELY TWISTING THE TAP;



7. ALERT THE PATIENT TO AVOID THE VIAL TAP FALLING ON THE FLOOR. IN CASE IT HAPPENS, THE PATIENT SHOULD COMMUNICATE TO THE HEALTH CARE WORKER THAT THE VIAL TAP BE CHANGED;



8. THE IMPORTANCE OF COLLECTING 10 ml MUST BE EXPLAINED TO THE PATIENT; POINT OUT THAT THE FOAM WILL NOT BE REGARDED TO REACH THIS VOLUME;

9. THERE IS NO TIME LIMITS FOR SPUTUM COLLECTION and

10. ADVISE THE PATIENT TO REPEAT THESE PROCEDURES AS MANY TIMES AS NECESSARY UNTIL REACHING THE 10 ml LINE IN THE VIAL WALL.

SUPERVISION OF THE SPUTUM COLLECTION (whenever possible)

IN THE MORNING OF THE COLLECTION DAY, THE HEALTH CARE WORKER, PROPERLY WORN WITH N95 MASK, SHOULD:

1. DELIVER A DISPOSABLE PAPER TOWEL TO REMOVE EXPECTORATION IN CASE IT REMAINS OVER THE LIPS. IT IS FORBIDDEN TO REMOVE THE EXPECTORATION WITH THE VIAL DUE TO THE RISK OF SAMPLE CONTAMINATION;



2. OBSERVE THE FIRST EXPECTORATIONS AND THE PROCEDURES THE PATIENT ADOPTS TO EXPECTORATE INSIDE THE VIAL. CORRECT THE PATIENT WHENEVER NECESSARY;

3. SUPERVISE THE COLLECTION AS MUCH AS POSSIBLE TO EVALUATE IF THE INSTRUCTIONS ARE BEING RESPECTED. DURING THE SUPERVISIONS, STIMULATE THE PATIENT TO CONTINUE THE COLLECTION UNTIL REACHING THE VOLUME OF 10 ml;

4. IN CASE OF DIFFICULTIES, ASSIST THE PATIENT DURING THE COLLECTION PROCEDURES UNTIL HE IS ABLE TO PERFORM ALL THE PROCEDURES BY HIMSELF;

5. IN CASE THE EXPECTORATION FALLS OVER THE EXTERNAL WALL OF THE VIAL, THE HEALTH CARE WORKER SHOULD IMMEDIATELY REMOVE THAT USING PAPER TOWEL AND DECONTAMINATE WITH PHENOL SOLUTION 5%;



6. THE COLLECTION WILL BE FINISHED WHEN THE VOLUME OF 10 ml IS REACHED;

7. IN CASE THE PATIENT IS NOT ABLE TO EXPECTORATE 10 ml OF SPUTUM, THE HEALTH CARE WORKER SHOULD STIMULATE THE PATIENT TO EXPECTORATE THE MAXIMAL VOLUME, AT LEAST 5 ml and

8. WAIT THE TIME THAT YOU CONSIDER NECESSARY TO THE PATIENT COLLECT 10 ml OF SPUTUM OR ANY VOLUME NEAR THIS VALUE.

TRANSPORTATION OF THE VIAL TO THE FREEZER

THE HEALTH CARE WORKER, PROPERLY WORN WITH N95 MASK, SHOULD:

1. PUT THE VIAL INTO A TRANSPARENT PLASTIC BAG AND CLOSE THIS BAG WITH A KNOT and

2. STORE THE VIAL INSIDE THE REFRIGERATOR RESERVED FOR CONTAMINATED MATERIAL UNDER 2-8°C TEMPERATURE UNTIL ITS TRANSPORT TO THE LABORATORY.

