

Specimen Collection: Sputum (Pediatric) – CE

CHECKLIST

S = Satisfactory U = Unsatisfactory NP = Not Performed

Step	S	U	NP	Comments
Performed hand hygiene before patient contact and donned PPE as indicated for needed isolation precautions.				
Introduced self to the child and family.				
Verified the correct child using two identifiers.				
Checked the practitioner’s orders for the type of sputum analysis and specifications and initiated appropriate isolation precautions until the results were obtained.				
Assessed the child’s ability to cough and expectorate a specimen.				
Determined when the child had last eaten or had a tube feeding.				
Determined the type of assistance the child needed to obtain a specimen.				
Assessed the child’s respiratory status, including respiratory rate, depth, and pattern, and the color of mucous membranes.				
Assessed the child’s and family’s understanding of the reasons for and the risks and benefits of the procedure.				
Gathered the necessary supplies, including the appropriate PPE. Took airborne precautions when caring for a child who was suspected of having TB or other airborne transmissible diseases.				
Determined the child’s ability to assist with the collection of the specimen.				
Demonstrated deep breathing and expectoration. Stressed the importance of deep coughing and of not clearing the throat if the child was expectorating sputum. Had a health care team member or family member secure the child’s head and hands if suctioning would be used to obtain a specimen.				
For the collection of an expectorated specimen, ensured that the child rinsed his or her mouth or brushed his or her teeth with water, as developmentally appropriate. Ensured that the child did not use mouthwash or toothpaste.				
Positioned the child appropriately, depending on the specimen collection method.				

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To collect the specimen via coughing and expectoration, positioned the child in the semi-Fowler position, sitting on the side of the bed, in a chair, or standing.				
To collect the specimen using suction, positioned the child in the high- or semi-Fowler position and allowed him or her to sit in a family member's or the assistant's lap, if possible.				
Sputum Collection Using the Coughing and Expectorating Method				
Performed hand hygiene and donned gown, mask, eye protection or face shield, and gloves. If necessary, ensured that an assistant was available and wearing appropriate PPE.				
Explained the procedure to the child and family and ensured that they agreed to treatment.				
Provided the child with the specimen container or had the assistant hold the container. Instructed the child or family member not to touch the inside of the container.				
Instructed the child to take a slow, deep breath and to cough after a full inhalation.				
Instructed the child to expectorate sputum directly into the specimen container.				
Instructed the child to repeat coughing until a sufficient quantity (a minimum of 5 ml of sputum) was collected.				
Secured the top on the specimen container tightly.				
Offered the child tissues after he or she expectorated. Disposed of the tissues in an emesis basin or appropriate waste receptacle.				
Wiped off any sputum present on the outside of the container with an organization-approved disinfectant wipe. Ensured that the container was tightly closed before wiping to prevent contamination of the specimen.				
Offered the child mouth care, if desired.				
Labeled the specimen at the child's bedside and in the presence of the family (if they were at the bedside), per the organization's practice.				
1. Placed the labeled specimen in a biohazard bag.				

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2. If the specimen required ice for transport, placed the specimen in a biohazard bag, then placed the bag with the specimen into a second biohazard bag filled with ice slurry.				
Immediately transported the specimen to the laboratory.				
Observed and monitored the child’s respiratory status throughout the procedure, especially during suctioning.				
Allowed the family to comfort the child. If the family was not available, had a health care team member comfort the child.				
Continued to observe the character of the sputum, including color, consistency, odor, volume, and viscosity, and looked for blood. Reported unusual sputum characteristics or changes in the characteristics of the sputum to the practitioner.				
Referred to the laboratory reports for test results.				
Reported abnormal findings to the practitioner.				
Initiated appropriate isolation techniques if an AFB sputum culture was positive.				
Assessed, treated, and reassessed pain.				
Discarded supplies, removed PPE, and performed hand hygiene.				
Documented the procedure in the child’s record.				
Sputum Collection Using Suction				
Performed hand hygiene and donned gloves and appropriate PPE based on the patient’s signs and symptoms and indications for isolation precautions.				
Explained the procedure to the child and family and ensured that they agreed to treatment.				
Prepared the suction machine or device and ensured that the suction source was functioning properly.				
1. Ensured that the proper size suction catheter was used based on the child’s size and the catheter’s comfortable fit in the nares.				

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2. Set the vacuum regulator between 60 to 100 mm Hg.				
Connected the suction tubing to the adapter on the sputum trap.				
If using a sleeved suction catheter, removed the suction tubing from the end of the catheter and connected it to the sputum trap.				
Performed hand hygiene and donned gown, mask, and eye protection or face shield, and gloves. Donned sterile gloves and eye protection if a regular sterile suction catheter would be used.				
Connected the regular sterile suction catheter or the end of the sleeved suction catheter to the rubber tubing on the sputum trap.				
Applied a small amount of sterile, water-soluble lubricant to the end of the suction catheter if suctioning through the nasopharynx.				
Instructed the child to breathe normally during suctioning to prevent hyperventilation. Explained to the child that he or she might cough.				
Had the assistant position the child so that the assistant had control of the child’s head and hands.				
Instructed the child to cough before the procedure began, if developmentally appropriate.				
Gently inserted the tip of the suction catheter through the nasopharynx, the ET tube, or tracheostomy tube without applying suction. Advanced the suction catheter only to the point of resistance in the nares.				
Advanced the catheter into the trachea gently and quickly.				
Applied suction by placing the thumb of the nondominant hand over the suction port of the regular suction catheter or by depressing the suction button of the sleeved suction catheter for 5 to 10 seconds as the child coughed. Limited suctioning to less than 5 seconds for infants and up to 10 seconds for children.				
Applied suction only while withdrawing the catheter from the insertion site. Maintained sterility when suctioning the ET or tracheostomy				

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tube site. Limited the duration of each suction pass to less than 10 seconds and limited the number of passes to a maximum of three to help minimize hypoxemia, airway trauma, and cardiac arrhythmias. If the child became hypoxic during the procedure, discontinued the procedure immediately and provided supplemental oxygen.				
Released the suction and withdrew the catheter. If another suction pass was needed, gave the child 30 to 60 seconds to recover.				
Turned off the vacuum regulator.				
Evaluated the child immediately after the procedure. Observed for any shortness of breath or signs of hypoxemia.				
Detached the catheter from the specimen trap.				
1. Disposed of the catheter in the appropriate receptacle if using a regular suction catheter.				
2. Reconnected the suction tubing to the end of the catheter if using a sleeved suction catheter.				
Detached the suction tubing and connected the rubber tubing on the sputum trap to the plastic adapter.				
Wiped off any sputum present on the outside of the container with an organization-approved disinfectant wipe after ensuring that the sputum trap was tightly sealed.				
Offered the child mouth care, if desired.				
Labeled the specimen at the child’s bedside and in the presence of the family (if they were at the bedside), per the organization’s practice.				
1. Placed the labeled specimen in a biohazard bag.				
2. If the specimen required ice for transport, placed the specimen in a biohazard bag, then placed the bag with the specimen into a second biohazard bag filled with ice slurry.				
Prepared the labeled specimen for transport by placing it in a biohazard bag.				

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Referred to the laboratory reports for test results.				
1. Reported abnormal findings to the practitioner.				
2. Initiated appropriate isolation techniques if an AFB sputum culture was positive.				
Assessed, treated, and reassessed pain.				
Discarded supplies, removed PPE, and performed hand hygiene.				
Documented the procedure in the child’s record.				

Learner: _____ Signature: _____

Evaluator: _____ Signature: _____

Date: _____