 Department of Health Government of Nunavut		NURSING POLICY, PROCEDURE AND PROTOCOLS	
		Community Health Nursing	
TITLE:		SECTION:	POLICY NUMBER:
Wet Mount		Clinical Procedures	11-015-00
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:
February 10, 2018	February 2021		6
APPLIES TO:			
Community Health Nurses			

POLICY:

Registered nurses may collect and analyze a wet mount specimen when clinically indicated. A physician's order is not required to collect the specimen.

Indications for collecting a wet mount specimen include, but not limited to:

1. Vaginal discharge
2. Vulvar or vaginal pruritus
3. Vulvar or vaginal pain
4. Malodours vaginal secretions.

DEFINITION:

Wet mount is a microscopic procedure which a vaginal secretion sample is collected and analyzed.

PRINCIPLE:

- The wet mount is the most useful technique available for the diagnosis of certain vaginal infections.
- A wet mount sample should be collected on all women with vaginal symptoms, despite a seemingly obvious diagnosis.
- The wet mount is about 80% sensitive, however, the quality of sample and the viewer's experience will affect the sensitivity rate.

RELATED POLICIES, GUIDELINES AND LEGISLATION:

Policy 11-014-00 Pap Smear
 Procedure 11-014-01 Performing a Pap Smear
 Procedure 11-015-01 Collecting a Wet Mount Specimen
 Reference 11-015-02 Interpreting a Wet Mount
 Public Health Agency of Canada (2006). *Canadian Guidelines for Sexually Transmitted Infections*

REFERENCES:

Edmunds, MW & Mayhew, MS (2003). *Procedures for Primary Care Practitioners*, 2nd ed. Mosby: St. Louis.
 Carcio, HA (1999). *Advanced Health Assessment of Women*. Lippincott Williams & Wilkins



PROCEDURE 11-015-01

NURSING CONSIDERATIONS:

1. Relative contraindications for collecting a wet mount include: recent douching, intravaginal medications and menses.
2. If the pH test tape is available in the health centre, it may be used for screening specific types of vaginitis. Generally, the following conditions are indicated various pH values:
 - a. Normal flora: pH < 4
 - b. Candidiasis: pH 4 to 5
 - c. Bacterial vaginosis: pH 5 to 6
 - d. Trichomoniasis: pH 6 to 7
3. The client should be instructed to empty her bladder before performing the test.
4. Arrange follow up as indicated by the results of the wet mount specimen examination.
5. Treatment and education shall be in accordance with the *Canadian Sexually Transmitted Infections* and the *Nunavut Formulary*.

EQUIPMENT	
✓	Well lit & warm room with additional 'focused' light source (e.g. light attached to a speculum)
✓	Paper drapes
✓	Two pairs of non sterile gloves
✓	Specula of varying sizes
✓	Method for warming speculum if a metal one is used
✓	Cotton-tipped applicators
✓	Glass slides and coverslips
✓	Small test tubes
✓	Culture swabs for testing Chlamydia and gonorrhoea (if urine test not used)
✓	Normal saline solution
✓	10% KOH solution
✓	Microscope
✓	pH test tape (if available)
✓	Appropriate forms and requisitions as needed.



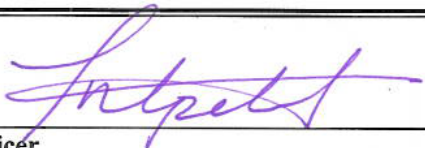

PROCEDURE:

1. Gently insert the vaginal speculum (no lubricants, except water to be used) and visualize the vaginal walls and cervix, noting any lesions, erosions, ulcerations, leukoplakia, or condylomata. Observe the vaginal discharge: note the amount, the colour, and any odour.
2. Collect a copious amount of vaginal discharge with a cotton swab and place it in a tube containing 1ml of normal saline. Vigorously mix the swab in the saline.
3. The pH test tape (if available in the health centre) may be directly applied to the vaginal wall, or the tape can be touched to the speculum after it's removed.
4. If collecting cultures for Chlamydia and gonorrhoea at the same time that the wet smear specimens are obtained (Urine specimen is the standard practice in Nunavut for testing for Chlamydia and gonorrhoea). Insert the appropriate applicators directly into the cervical canal until the tip is completely inside the os. Gently twirl the tip several times in the os (leaving it in there for several seconds to absorb organisms).
5. Withdraw the applicator and place in the proper containers.
6. Remove the speculum and conduct a bimanual examination if it is indicated. Save the speculum so that, if for some reason a repeat specimen needs to be obtained, a sample may be obtained from the upper edges for a repeat wet mount, pH testing and the whiff test.
7. Place one large drop of saline mixture in the centres of two glass slides (or on each end of one slide).
8. Add one drop of KOH to one speculum and sniff it immediately for the characteristic "fishy" odour of bacterial vaginosis.
9. Cover both specimens with coverslips. Plan to view the plain saline specimen first, to allow time for the KOH to lyse cells before looking for Candida.
10. Alternatively, use two test tubes with 0.5ml saline in one tube and 0.5ml KOH (10% to 20% in the other tube). Collect two specimens with cotton swabs; dip one specimen swab into saline, stir three or four times, and dilute until slightly opaque; dip the other specimen swab into KOH, and stir once or twice, leaving a thick, concentrated specimen. Take a few drops from each test tube and put on a slide, covering with a slide cover.
11. With the 10X lens in place, using low-power light, and with the condenser in the lowest position, place the slide on the stage and lower the objective until it is as close to the slide as possible.
12. Adjust the eyepieces until a single round field is seen. Turn the coarse focus knob until the specimen is focused. Use the fine-focus knob to bring the specimen into sharp focus.
13. Examine the slide in a systematic manner, until you have a general impression of the number of squamous cells.
14. Switch to high power (40X); it may be necessary to slightly increase the amount of light.
15. Move to the KOH slide. Switch back to low power to scan the slide for Candida. If hyphae, spores or buds are noted, switch to high power to confirm impression.
16. Be sure to wipe any spilled fluid from the stage. If the objective becomes contaminated, use only special lens paper to clean it.



REFERENCES:

Edmunds, MW & Mayhew, MS (2003). Procedures for Primary Care Practitioners, 2nd ed. Mosby: St. Louis.

Approved by:		11 FEB 2011
Chief Nursing Officer		Date
		
Deputy Minister of Health and Social Services		Date
Effective Date:		
April 1, 2011		



REFERENCE SHEET 11-015-02

INTERPRETATION OF RESULTS

1. Evaluate the saline slide for:
 - a. Vaginal epithelial cells (flat with sharp, clear edges),
 - b. Clue cells (epithelial cells covered with bacteria, obscuring the edges of the cell and giving the cell a granular “moth-eaten” appearance),
 - c. Bacteria (normal vaginal bacteria),
 - d. Lactobacilli (large rods),
 - e. White blood cells (a few are normal but should not exceed the number of epithelial cells), and
 - f. Trichomonas (ovoid, flagellated organisms recognizable by their motility).
2. Even if one organism is identified, continue to scan the slide systematically to evaluate the specimen fully. Vaginitis may have multiple causes.
3. Evaluate KOH slide for evidence of Candida (branching pseudohyphae)



WET MOUNT INTERPRETATIONS					
	Physiologic	Candida	Gardnerella	Trichomonas	Atrophia
Symptoms	None	Pruritus, burning	May have pruritus, burning	May have pruritus	Vulvar, vaginal dryness
Odour	None	Yeast odour	Fishy or musty	Varies	Varies
Increased mucosal erythema	None	Yes	May or may not have this	Yes	May or may not have this
Consistency	Floccular	Thick curd like	Thin, creamy	Copious, frothy	Mucoid, blood tinged
pH	3.5 – 4.1	3.5 – 4.5	5 – 6	6 – 7	As high as 7.0
Wet smear	Rare WBCs, large gram-positive rods; squamous epithelial cells	Budding, filaments spores, pseudohyphae	Clue cells	Copious WBCs, trichomonads	Copious WBCs and parabasal and intermediate cells; paucity of superficial cells
KOH		Budding filaments spores, pseudohyphae	Fishy odour, musty odour		

Adapted from: Edmunds, MW & Mayhew, MS (2003). Procedures for Primary Care Practitioners, 2nd ed. Mosby: St. Louis.