

Culture and Susceptibility (C&S) Swab in Suspected Wound Infection

Site Applicability

- All PHC Sites

Practice Level

Basic skills for the following professions (within their respective scope of practice):

- NSWOC, NP, RN, RPN, LPN

Need to Know

- PHC nurses will follow the Procedure Culture and Susceptibility Swab in Suspected Wound Infection (DST) developed by the Provincial Nursing Skin and Wound Committee (see guideline link below) when providing wound care.
- Wound infection occurs in viable wound tissue and therefore viable wound tissue must be swabbed rather than necrotic tissue or pus. At least 1 cm² (0.4 inches) area of viable tissue is required to do a C and S swab. The wound must be cleansed prior to swabbing. Swabbing necrotic tissue or pus may produce false results, which can lead to inappropriate antibiotic treatment.
- Swabs may be collected at the time of wound care, discuss with Provider and obtain order for C&S prior to sending specimen to lab.

Guideline

- The Provincial Nursing Skin and Wound Committee (PNSWC) developed the [Procedure: Culture & Susceptibility \(C&S\) Swab in Suspected Wound Infection](#) to provide a provincial standard for taking a C&S swab when there is a suspected wound infection.
- This document is to be used in conjunction with the [Provincial DST Guideline: Wound Management for Adults and Children](#).

Documentation

Document assessments and interventions as per PHC documentation guidelines, treatment plan or care plan.

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	<p>The Provincial Nursing Skin and Wound Committee in collaboration with Regional Skin and Wound Committees from NHA, IHA, FHA, VIHA, PHSA and VCH/PHC</p> <p>*NSWOC = Nurse Specializing in Wound Ostomy Continence</p>