


Who guidelines for sputum collection for tb

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1.1 Methods of collecting Sputum  
Regardless collection technique is used, the employee present during the collection of sputate must wear a respirator to prevent inhalation of bacillus.  
1.1.1 Sputum obtained spontaneously  
Two samples must be collected. When possible, samples should be collected outdoors and away from other people. The first sample is collected on site, at a consultation, when the patient is identified as a suspected case of tuberculosis. If the patient has recently eaten, ask him to rinse his mouth with water to avoid the presence of food in the sample. The second sample is collected the day after, in the early morning, immediately after the patient wakes up and before eating. The second sample can be collected at home, then the patient brings it to the medical facility. In addition, two samples of sputum can be collected from one side (frontal microscopy).  
Technique collection: - The patient should be given a labeled sputum container (or Falcon® tube if the sample is to be sent through the air)- Have the patient take a deep breath, hold up for a few seconds, exhale, repeat two or three times, then cough: phlegm material, a fly out of the lungs after a productive cough. One or two minutes of knocking in the chest is beneficial. - Collect at least 3 ml and close the container airtight. The quality of the sample determines the reliability of the result. Always check whether the sample contains solid or pingious material, not just saliva. Take a new sample, if not unsatisfactory. If the sample is collected at home, make sure that the patient understands the technique, including closing the container hermetically after collecting sputum.  
1.2 Sputum induction is sometimes used in children when sputa cannot be spontaneously expectorated, and only to perform culture or Xpert MTB/RIF. Induction of sputum should be carried out under close medical supervision. The child should be observed with respiratory failure during and within 15 minutes of the procedure. Bronchospasm can happen. Salbutamol spray and oxygen should be ready at hand. Equipment - gloves and respiratory-sucking catheter (6, 7, 8F) - Sputum container - 50 ml syringe, Needle and tube for nebulizer- Holding a camera with a baby mask (for sterilization between each patient)- Sterile hypertensive solution 5% sodium chloride (for cooling) - Sterile solution 0.9% sodium chloride (for sample) - Salbutamol spray- Oxygen  
Procedure Child should quickly at least 2 hours before the procedure.- Before non-bullying: Explain the procedure to the child and/or accompanying person (this person must wear a respirator) Place the child in a seated position on the hands of an adult. Nebulization: Fill the nebulizer 5 ml 5% hypertensive saline solution (sputum inductor), the child is laid on his side, back to the operator who is behind him. Grease the end of the catheter. Measure the distance from the tip of the nose to the corner of the jaw. Insert the suction catheter to such depth. Then the empty contents in the sample container.  
1.1.3 gastric aspiration is sometimes used in children when sputa cannot be spontaneously expectorated or induced using a hypertensive saline solution, and only to perform crops or Xpert MTB/RIF. Equipment - gloves and respiratory-sucking catheter (6, 7, 8F) - Container Sputum- 50 ml syringe- Sterile water  
Procaction- Before inserting a suction catheter: Explain the procedure to the child and/or the person accompanying it (this person must wear a respirator) Place the child in a semi-sitting or seated position on the hands of an adult.- Insert the procedure and/or the accompanying person (this person must wear a respirator) Place the child in a semi-sitting or seated position on the hands of an adult. First suction to collect the stomach fluid and place it in a sputum container, then rinse the stomach again with 30 ml of sterile water and suction. Add the suction fluid to the first sample.- Start the culture within 4 hours of collecting the sample. If the delay is more than four hours, neutralize with 100 mg of sodium bicarbonate.  
1.2 Sputum sample storage  
When exams are not held at the collection site: Specimen microscopy smears must be performed within three to four days of collection and at the same time stored in the fridge (2 to 8 degrees Celsius) and protected from light. Pollution does not affect microscopy, but heat makes the sample liquefaction, when choosing the flour curulent part of the sample is more difficult. Specimen for culture in a liquid sample environment in the refrigerator (2 to 8 degrees Celsius), protected from light. Do not use chloride cethylpyrodimium (CPC) as it is not compatible with MGIT. The sample should be processed as soon as possible. Specimen for Culture on Lowenstein-Jensen Medium (LJ) - Specimens that can be absent less than 3 days after collection: Store in the refrigerator (2 to 8 degrees Celsius) and protected from light before transportation or immediately transported to a laboratory for processing. Will be culturally more than 3 days after collection: Use a falcon tube and add 1% PDA to save the sample for up to 2 weeks. Specimens with CPC should not be cooled, as CPC will crystallize and be ineffective. Samples with CPC can be inoculated on LJ. To vaccinate against agar, they require pre-neutralization by neutralizing the buffer (Difco®). CPC can be used for samples tested by Xpert MTB/RIF.  
1.3 Sputum sample shipment in a local laboratory without a CPC transport environment: 2 to 8 degrees Celsius and protected from light; - From the CPC transport environment: should not be cooled, because at low temperatures the PDA will crystallize and destroy the sample. Samples should be stored at room temperature, protected from heat and light. By air, the 50ml Falcons are assembled and shipped to the cultural reference laboratory® conical tubes with screw caps. The tubes are labeled UN 3373, corresponding to category B infectious substances. If the transport time is less than 12 hours, even samples without pDA can be transported at room temperature. Samples are packed three times, according to IATA's 650.1 packaging instructions. Primary container with a sample of sputum: the tube is tightly closed and placed in a latex glove;2. A secondary container designed to protect the main container: a leak-proof box with sufficient absorbent material to absorb the entire sample if the container is primarily ruptured;3. External packaging is designed to protect the secondary container, with the marking UN 3373. Information to be provided:- Primary container: label with the patient's name or identification number and date and location of the sample; - External package: include the name of the receiving laboratory, full address (name, street, postcode, place, country) and phone number. All samples must be accompanied by the appropriate form of laboratory request (including clinical information). Notes: - Procedures for the delivery of post-culture bacterial strains are different, more complex and rarely feasible in practice. Cultures are classified as Category A infectious substances (UN 2814). - For a detailed description of the shipping procedures, see the MSF medical directory, Volume 4. This newsletter contains a step-by-step direction to provide a sample of sputum. On this page: Why do you need a sputum test? How to collect a sample of sputum Why do you need a sputum test? Your doctor wants to collect some of the sputum (sputum) that you cough out of your lungs. The laboratory will test sputum for tuberculosis (TB) microbes. Checking sputum is the best way to find out if you have TB disease. If you are already taking a cure for tuberculosis, checking for sputum is the best way to tell if the medicine is working. To make sure the test is accurate, you coughing phlegm from the depths of the lungs. The scrots of the lungs are usually thick and and The saliva comes from the mouth and is watery and thin. Don't collect saliva. Tip: If you can't cough up phlegm, try breathing steam from a hot shower or a pot of boiling water. How to collect a sample of sputum your doctor or nurse will give you a special plastic cup to collect sputum. Follow these steps carefully: the cup is very clean. Don't open it until you're ready to use it. As soon as you wake up in the morning (before you eat or drink something), brush your teeth and rinse your mouth with water. Do not use mouthwash. If possible, go outside or open the window before collecting a sample of phlegm. This helps protect other people from the germs of tuberculosis when coughing. Take a very deep breath and hold the air for 5 seconds. Slowly exhale. Take another deep breath and cough hard until some phlegm comes into your mouth. Mow the sputum into a plastic cup. Continue to do this until the sputum reaches the 5 ml (or more) line on the plastic cup. That's about 1 teaspoon of sputum. Screw the lid onto the cup tightly so it doesn't leak. Wash and dry the outside cup. Write on the cup the date when you collected the phlegm. Put the cup in a box or bag the nurse gave you. Give the cup to your clinic or nurse. You can store the cup in the fridge overnight if necessary. Do not wash it in the freezer or leave it at room temperature. Temperature.

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