

Wound Culture Collection: Levine Technique

Best practice is to obtain a wound culture *prior* to initiation of antibiotics if signs or symptoms of infection are present.

Wound Preparation	
	Work area should be cleaned and disinfected prior to each treatment according to facility's infection control policy. A surface barrier (such as a chux pad) should be placed on the work surface.
	Gather needed supplies for wound cleansing, obtaining the specimen, and redressing the wound. Arrange supplies on the surface barrier in an aseptic manner.
	Confirm client identity using proper identifiers (name, date of birth, patient record number, et cetera)
	Perform hand hygiene and don clean gloves. Consider wearing a surgical mask during all wound care tasks.
	Remove old wound dressing. Dispose of soiled gloves and old dressing. Perform hand hygiene.
	Don clean gloves. Rinse the wound with normal saline. Gently remove excess saline with a sterile gauze pad.
	Remove soiled gloves. Perform hand hygiene. Don clean gloves.
Culture Collection	
	Moisten a sterile cotton-tipped applicator swab with normal saline
	To perform the Levine Technique : <ul style="list-style-type: none"> ● select a 1cm² area of clean viable tissue in the wound bed, ● rotate swab for 5-seconds over this area while gently applying pressure downward with enough force to express fluid from wound surface ● Do NOT culture over non-viable tissue, eschar, or exudate already present on the wound surface ● Protect sterile swab from touching any surface other than the area to be cultured
	After specimen collection, immediately insert swab into sterile collection container.
Complete wound dressing per plan of care	
Specimen handling	
	Label specimen tube with proper client identifiers (name, date of birth, wound location, date of collection)
	Place the specimen in a biohazard transport bag. Clean workspace. Perform hand hygiene.
	Refrigerate specimens until ready to be packaged and shipped.