

## Directions for Obtaining Nasopharyngeal Aspirate (NPA)

Supplies needed:

- Suction apparatus
- Mucous trap,
- Suction catheter,
- Viral transport media (VTM)  
(obtained from Medical Distribution Center, x0-1214, ESI 35183)

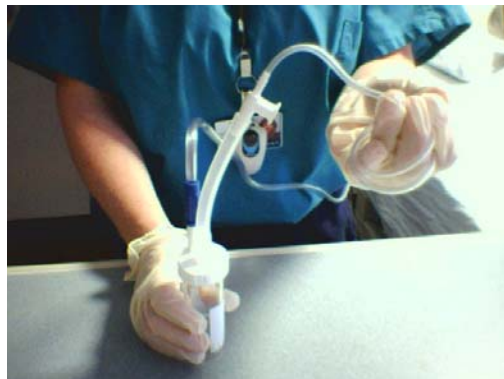
### Procedure:

1. Obtain the viral transport medium (VPT) and label the mucus trap with patient information.

Check the VTM expiration date before use.



2. Attach the suction catheter to the mucus trap and to the suction apparatus.



3. Measure the distance from the patient's nostril to the nasopharynx (half the distance from the nostril to the base of the ear). Hold the tubing at that location; do not move fingers or advance the tube beyond that point.



4. Start the suction and pass the tube along the base of one nostril into the nasopharynx.



5. Apply suction to obtain secretion from the nasopharynx. Sample both nostrils with the same suction catheter, without moving from the measured position.



6. Rinse the suction catheter by suctioning the viral transport media through the catheter.

The beads in the media may be aspirated but this is not necessary.



7. A Pathology 6 requisition slip should be completed and sent with the specimen for influenza antigen and culture. The same specimen can be used for RSV and flu. (The arrows indicate the items that need to be filled out)

**PATHOLOGY 6  
MICROBIOLOGY - STAT**

INDICATE ONLY "ONE" BODY SOURCE PER REQUISITION

<b>BLOODS</b>	<b>RESPIRATORY</b>	<b>SKIN</b>	<b>OTHER</b>
<input type="checkbox"/> BLOOD (S)	<input type="checkbox"/> SPUTUM EXPECTOR (S)	<input type="checkbox"/> VESICLE FLUID (S)	<input type="checkbox"/> OTHER: Specify
<input type="checkbox"/> BLOOD CULTURE (S)	<input type="checkbox"/> SPUTUM INDUCED (S)		<input type="checkbox"/> OTHER: Specify
<input type="checkbox"/> BLOOD MEDIUM (S)	<input type="checkbox"/> NASOPHARYNGEAL (S)		
	<input type="checkbox"/> THROAT (S)		
<b>FLUIDS</b>	<input type="checkbox"/> N.F. ASPIRATE (S)	<b>EYE</b>	
<input type="checkbox"/> CSF (S) (S) (S) (S) (S)	<input type="checkbox"/> NASOPHARYNGEAL (S)	<input type="checkbox"/> CONJUNCTIVA (S)	
<input type="checkbox"/> URINE (S)	<input type="checkbox"/> NASOPHARYNGEAL LAVAGE (S)	<input type="checkbox"/> CORNEA (S)	
<input type="checkbox"/> PERITONEAL (S)		<input type="checkbox"/> ADJACENT HUMAN (S)	
<input type="checkbox"/> SYNOVIAL (S)	<b>UROGENITAL</b>	<input type="checkbox"/> VITREOUS HUMAN (S)	
<input type="checkbox"/> MILK (S)	<input type="checkbox"/> URINE, CLEAN CATCH (S)		
	<input type="checkbox"/> URINE, CATHETER (S)		
<b>STOOL</b>	<input type="checkbox"/> CERVAE (S)		
<input type="checkbox"/> STOOL (S)	<input type="checkbox"/> URETHRA (S)		
<input type="checkbox"/> RECTAL SWAB (S)			

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<input type="checkbox"/> RECTAL SWAB (S)			

\* Appropriate for Anaerobic Culture (Use Anaerobic Transport)

**SELECT TEST(S) FOR THE SINGLE BODY SOURCE**

<b>BACTERIOLOGY</b>	<b>MYCOLOGY</b>
<input type="checkbox"/> CFSE (S)	<input type="checkbox"/> CHLAMYDIA (S)
<input type="checkbox"/> CFSE (S)	<input type="checkbox"/> CRYPTOCOCCUS ANTIGEN (S)
<input type="checkbox"/> CFSE (S)	<input type="checkbox"/> CRYPTOCOCCUS ANTIGEN (S)
<input type="checkbox"/> CFSE (S)	<input type="checkbox"/> CRYPTOCOCCUS ANTIGEN (S)

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<input type="checkbox"/> BLOOD (S)	<input type="checkbox"/> SPUTUM EXPECTOR (S)	<input type="checkbox"/> VESICLE FLUID (S)	<input type="checkbox"/> OTHER: Specify
<input type="checkbox"/> BLOOD CULTURE (S)	<input type="checkbox"/> SPUTUM INDUCED (S)		<input type="checkbox"/> OTHER: Specify
<input type="checkbox"/> BLOOD MEDIUM (S)	<input type="checkbox"/> NASOPHARYNGEAL (S)		
	<input type="checkbox"/> THROAT (S)		
<b>FLUIDS</b>	<input type="checkbox"/> N.F. ASPIRATE (S)	<b>EYE</b>	
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	<input type="checkbox"/> URINE, CATHETER (S)		
<b>STOOL</b>	<input type="checkbox"/> CERVAE (S)		
<input type="checkbox"/> STOOL (S)	<input type="checkbox"/> URETHRA (S)		
<input type="checkbox"/> RECTAL SWAB (S)			

\* Appropriate for Anaerobic Culture (Use Anaerobic Transport Method)

**FOR THE SINGLE BODY SOURCE INDICATED ABOVE**

<b>BACTERIOLOGY</b>	<b>MYCOLOGY</b>
<input type="checkbox"/> CFSE (S)	<input type="checkbox"/> CHLAMYDIA (S)
<input type="checkbox"/> CFSE (S)	<input type="checkbox"/> CRYPTOCOCCUS ANTIGEN (S)
<input type="checkbox"/> CFSE (S)	<input type="checkbox"/> CRYPTOCOCCUS ANTIGEN (S)
<input type="checkbox"/> CFSE (S)	<input type="checkbox"/> CRYPTOCOCCUS ANTIGEN (S)

8. Specimen must be delivered to Microbiology Lab within 1 hour of obtaining the specimen.

**The pneumatic tube may not be used.**



**See also:** Influenza Control Plan

[http://www.hopkins-heic.org/infectious\\_diseases/influenza/control\\_plan.htm](http://www.hopkins-heic.org/infectious_diseases/influenza/control_plan.htm)

**For more information:** Contact HEIC at x5-8384