Best Practice Guidelines:
Taking a Wound Swab for Culture

Do not routinely swab uninfected wounds, chronic / pressure ulcers, sinus / fistula, or stoma sites (they will be colonised)

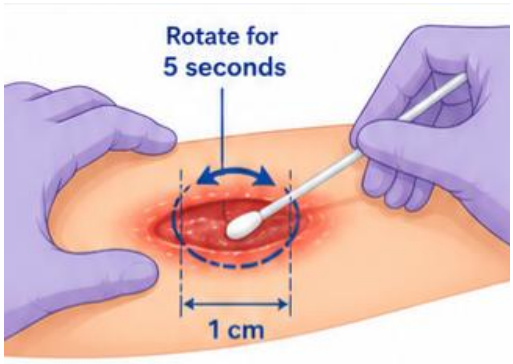
Do not use antiseptics or antimicrobial agents prior to swabbing

Do swab wounds that are deteriorating, with signs of wound infection (e.g. cellulitis, erythema, purulent discharge) or clinical signs of infection (e.g. raised temperature, or infection markers)

1 Preparing to Swab

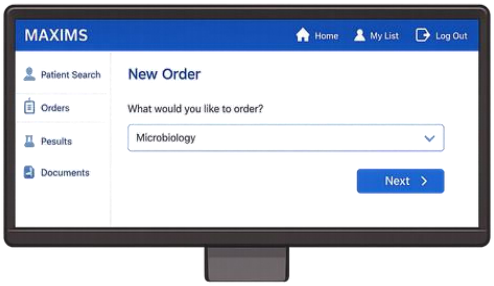
- **Use Black swab**
- **Explain the procedure to the patient**
- **Obtain patient consent**
- Clean wound with sterile Sodium Chloride 0.9% (approx. 50-100mL per cm of wound length)
- Debride non-viable tissue in line with best practice principles to remove contaminated material (e.g. non-viable tissue, dried exudate, dressing residue)
- Moisten swab with Sodium Chloride 0.9% if wound is dry

2 Swabbing Technique (Levine method)



- Press swab onto 1 cm² area of clean wound bed
- Rotate swab over area for 5 seconds to obtain expressed fluid
- **Avoid** necrosis, slough, pooled exudate, surrounding skin
- **Do** sample undermined margins and/or base of wound
- Use a **separate swab** for each wound
- **Do not** send dry swabs to the laboratory

3 After taking a Swab



- Place **Electronic order**, stating:
  - **relevant** clinical history (*why did you swab wound?*)
  - wound **site / cause**
  - current / planned antibiotic therapy (*if any*)
- Then **label sample**
- If electronic ordering **unavailable**, complete **paper** microbiology request & sample container

Send samples to Pathology promptly after collection - refrigerate if delayed
Samples over 24 hours old, incorrectly ordered or labelled may not be processed

Fletcher J, Ashfield T, Donnelly J et al (2025) Antimicrobial stewardship strategies for wound management: Recommendations for the UK. London: Wounds UK. Available to download from: www.wounds-uk.com

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