

Section: Division of Nursing

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**PROCEDURE**

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HACKETTSTOWN REGIONAL MEDICAL CENTER

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**3-SOUTH/ED**  
(Scope)

**TITLE: RSV - OBTAINING SPUTUM SPECIMENS**

**PURPOSE:** To obtain sputum specimens for RSV from child.

**CONTENT: PROCEDURE STEPS:**

1. Explain procedure to baby's/child's parents.
2. For Nasal Aspirate Specimens
  - a. Insert a depressed bulb deeply into either nare.
  - b. Suction while withdrawing the bulb.
  - c. Expel contents into a sterile container.
3. A mucous trap utilizing a vacuum source may be used to collect nasal aspirate specimens.
4. For Nasopharyngeal Swab Specimens
  - a. Insert a Dacron nasopharyngeal swab beneath the inferior turbinate of either nare.
  - b. Vigorously rub and roll against the mucosal surface.
  - c. Remove swab from nose and insert tip down into the paper wrapper.
5. Do not use calcium alginate nasopharyngeal swabs, viral transport media will dilute specimens.
6. Label specimen according to hospital policy.

Reference: Wong's Clinical Manual of Pediatric Nursing 7<sup>th</sup> ed.

## **RESPIRATORY SYNCYTIAL VIRUS**

The Respiratory Syncytial Virus is a major cause of respiratory illness in all ages. In infants and toddlers it can cause bronchiolitis (inflammation of the smaller airways of the lungs) and pneumonia. RSV is especially dangerous in infants less than one year old, children with asthma or other lung disorders, or heart disease. The symptoms of bronchiolitis include a hacky cough and a wheeze on exhalation. There is typically fever and a cloudy nasal drainage. Danger signs include a respiratory rate over 40 breaths per minute, a bluish discoloration of the skin around the mouth, retractions of the skin between the ribs (substernal retractions) and a decreased fluid intake to the point of dehydration. Airway obstruction can occur in severe cases, especially in infants, who have smaller peripheral airways than adults. RSV is also one of the most common causes of pneumonia in young children. The incidence is greatest from birth to three years. Clues to a diagnosis of pneumonia may be the finding of crackles, respiratory distress, and dullness to percussion. Nasopharyngeal secretions containing epithelial cells are necessary for positive diagnosis of severe RSV infections; therefore, RSV is diagnosed by checking for antigen of the virus in nasal washings.

The hospitalized RSV patient may receive one or more of the following treatments: pulse oximetry to measure oxygen saturation of arterial blood. If less than 95%, administer oxygen via mask, tent or nasal tubing; intravenous fluids to combat dehydration; vigorous suctioning of nasal secretions; antiviral medication treatment; and mechanical ventilation for children with impending respiratory failure.