

CONWAY MEDICAL CENTER

PROCEDURE

When in hard copy form, refer to Policy Manager to validate this as the most current revision.

TITLE:	LAB-SPC-CYT-08.05 Sputum Cytology Collections-PRO		
ISSUED BY:	Cytotechnologist	REFERENCE #:	LAB-SPC-CYT-08.05- PRO
APPROVED BY:	Lab Director	EFFECTIVE DATE:	1998-10-10

SCOPE: All potential collectors and submitters of sputum's to CMC lab for cytologic testing.

I) PROCEDURE:

A) MATERIALS:

1) One wide-mouthed specimen cup or a wide-mouthed specimen cup containing CytoLyt (preferred)

B) PROCEDURE:

- 1) Give the patient a specimen cup the night before and instruct him <u>not</u> to use it until morning. The sputum cup may contain the CytoLyt solution.
- 2) <u>Instruct</u> him to cough deeply ("from the diaphragm") upon awakening and <u>expectorate</u> <u>deep sputum</u>, not saliva or post nasal drip.
- 3) Upon awakening the patient coughs, expectorating into the cup.
- 4) The cup should be labeled per hospital policy and sent to cytology.
- 5) This procedure should be repeated for three (3) consecutive days, or at the doctor's request.

II) "SPUTUM FOR PNEUMOCYSTIS"--suboptimal

Though they have marked lack of sensitivity, sputum specimens are acceptable. Bronchial aspirates or washings should be submitted.

RECORDS: EHR; Requisition form

<u>REFERENCE STANDARDS</u>: CAP GEN.40000; GEN.40100; GEN.40016; GEN.40032; GEN.40050; GEN.40100

<u>REVISION/REVIEW HISTORY</u>:

Date Affected Summary of Changes ('Reviewed' or details of change)
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	Section(s)	
6-23-11 tas	None	Reviewed/revised-Saved electronically in the lab G drive.
10-25-11tlp	Format	Change in format for MCN. Shortened Title
3-28-13 tlp	None	Reviewed. No content changes.
5-20-14 tlp	All	Reviewed. Deleted unnecessary content. Change name from 8.17 to 8.05.
2-25-15tlp	ALL	Reviewed. No content changes
2-24-17tlp	ALL	Reviewed. No content changes.