

Microbiology Out of Hours Specimens

Bacteriology

WITH THE EXCEPTION OF CSFs, SAMPLES ARE ONLY ACCEPTED FOR PROCESSING UP TO 22:00 HOURS

CSF

These are examined for appearance, cell count, Gram film and cultured as appropriate.

Blood cultures

These are taken in the same way as during normal working hours. The on-call BMS does not need to be informed. The bottles are incubated within the blood science with positive bottles being transferred to the microbiology laboratory for further processing.

Continuous Ambulatory Peritoneal Dialysis Bags

These are processed in the laboratory until 22:00. The BMS needs to be informed when they are on their way. After 22:00 bags can be stored at 2-8°C overnight for attention the next morning.

Operative Specimens / Specimens from sterile sites

These include joint fluids, corneal scrapes and bronchoscopy specimens as well as pus and joint tissue. Gram stained films are made and cultures set up. All such specimens must be sent in sterile containers without formalin or other additions. Swabs are generally less useful than pus or fluid.

Superficial swabs

These specimens do not usually merit emergency examination and processing. Important exceptions are ear swabs from serious ear infections such as malignant otitis externa.

Urines for UTI

The “gold standard” for the diagnosis of urinary tract infection is culture, which requires 18 - 24 hours before a result is available. Microscopy or dipstick testing often provides preliminary information in appropriate patient groups, E.g. Dipstick testing is not suitable for Catheterised patients or those >65 years old.

Further information can be found at:

<https://www.nice.org.uk/guidance/conditions-and-diseases/urological-conditions/urinary-tract-infection>

It is important that the specimens of urine are still sent for examination and the microscopy result will be available by the next day.

Collection containers are for collection purposes only and should NOT be used as a transport or long-term storage device.

For patients with suspected urinary tract infections except those less than 2 years old:

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1. If a urine sample is visually clear and negative on dipsticks (nitrite negative and leucocytes negative / trace) it is unlikely to be infected. Dipstick testing should only be performed in accordance with local and national policies and guidelines.
2. Urine samples can be stored in the Monovette tubes (with boric acid/preservative), and should be refrigerated at 2-8°C overnight, and sent to the laboratory the following day for microscopy and culture. Storage in the fridge, of samples in Monovette tubes with Boric Acid/preservative can be up to 96 hours for samples delayed over a weekend.
3. If clinically indicated a BMS will come in to perform urgent microscopy and culture on a specimen of urine following prior discussion with the Duty Medical Microbiologist on-call, by the Senior Registrar or Consultant in charge of the patient.
4. For children – Urgent microscopy is not offered out of hours, except when accompanying a CSF as differential diagnosis for sepsis (as previously agreed with Microbiology), or if discussions between the Consultant Paediatrician and Consultant Microbiologist on-call identifies clinical need.

SEE LOCAL AND NATIONAL GUIDELINES FOR THE MANAGEMENT OF URINARY TRACT INFECTION IN CHILDREN.

Other investigations

A range of other investigations are available after discussion with the Consultant Microbiologist.

Virology/Serology

The out-of-hours Clinical Virology service offered is as follows:-

- Any enquiries relating to urgent or life-threatening viral infections, [Blood and Body Fluid Exposure](#) (needlestick injuries) or outbreaks
- Issue of specific immunoglobulins
- Rabies enquiries and advice
- HBsAg – urgent dialysis only
- HIV – very exceptional circumstances
- VZ IgG screen – not overnight, only at weekends where patients are approaching the deadline for VZ Ig intervention
- Urgent antenatal requests

Pneumococcal Antigen

Plea

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