


Nursing Manual

	Policy Name	Gastric Aspirate for Tuberculosis (TB) Cultures
	Policy Number	NURS 0590
	Date this Version Effective	June 2015
	Responsible for Content	Nursing

I. Description

Outlines steps to obtain gastric aspirate for Tuberculosis (TB) cultures for pediatric patients who are **unable** to expectorate sputum.

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II. Rationale

Gastric Aspirate for TB is an efficient way to diagnosis TB for pediatric patients. However, strict steps must be followed to ensure sample reliability.

III. Policy/Procedure

A. Policy

UNCH nursing policy to provide safe, quality care incorporating the most current evidence and clinical guidelines regarding gastric aspiration of stomach content for the purposes of TB testing. According to the official recommendations in the NC Tuberculosis Policy Manual, gastric aspiration is the recommended method of collection of respiratory secretions for the bacteriologic diagnosis of TB disease only in children who are **unable** to expectorate sputum. Sputum samples from a patient by either expectorated or induced sputum would be the preferred method.

B. Procedure

Gastric Aspirate for Laboratory Tests

Note: Performed by RN and LPN

Key Point: Patient must be NPO for at least 6 hrs. Gastric contents should be aspirated early in the morning after patient has fasted and preferably while the patient is still in bed.

1. Gather supplies:
 - 10 Fr or larger feeding tube

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- 60 mL syringe
- Clean gloves
- Suction equipment
- Sterile Specimen container
- N95 mask
- Container filled with sterile water

WARNING: Do not use bacteriostatic water soluble lubricant to lubricate tube. Use sterile water only.

2. Perform hand hygiene, put on clean gloves and place N95 mask.

Note: Maintain precautions as ordered. [See TB Control Plan IC0060.](#)

3. Insert tube and verify tube placement per [Gastric Tubes \(NG or OG\) NURS 0123.](#)
4. Aspirate gastric content using a syringe.
5. Reposition the tube or patient to maximize the yield of gastric aspirate if less than 10 mLs is aspirated.
6. Instill sterile water 20-30 mLs into the tube and withdraw quickly if still unable to aspirate the necessary volume.

WARNING: Do not use sterile saline or fluids with preservatives to instill in the tube.

7. Place specimen in sterile cup.
8. Label at bedside.
9. Transport to laboratory immediately.

Key Point: The microbiology lab should be notified when gastric aspirates are sent to the lab. Routine Gram stain and culture, acid fast bacilli smear, and Tuberculosis PCR are not performed on gastric aspirates. The specimen is cultured only for mycobacteria and results may take a substantial period of time.

10. Document in medical record:
 - Placement and verification of tube position
 - Laboratory test obtained
 - interventions and patient responses/outcomes
 - patient/caregiver teaching

IV. References

Centers for Disease Control and Prevention: TB Testing and Diagnosis (2014)
<http://www.cdc.gov/tb/topic/testing/default.htm>

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Loeffler, A. Gastric Aspirate Procedure for Culture of M. tuberculosis. Pediatric TB: An Online Presentation Retrieved from www.nationaltbcenter.ucsf.edu/pediatric_tb/docs/GastricProcedure.doc

Oberhelman, R.A., Soto-Castellares, G., Gilman R.H., Caviedes, L., Castillo, M.E., Kolevic, L., Del Pino, T., Saito, M., Salazar-Lindo, E., Negron, E., Montenegro, S., Laguna-Torres, V.A., Moore, D.A., Evans, C. (2010). Diagnostic approaches for paediatric tuberculosis by use of different specimen types, culture methods, and PCR: a prospective case-control study. *Lancet Infectious Disease*. 10(9):612-20.

Washington State Tuberculosis Services Manual. Retrieved from www.cdc.gov/tb/education/corecurr/pdf/chapter4.pdf

V. Related Policies

[Gastric Tubes \(NG or OG\) NURS 0123](#)

[TB Control Plan IC 0060](#)

VI. Reviewed/Approved by

Mclendon Laboratory, Epidemiology, Pediatric Practice Council, Nursing Policy Committee

VII. Original Policy Date and Revisions

Jun 2012, Jun 2015