



OSCE Checklist | Vaginal Swabs

Introduction		
1	Gather equipment	
2	Wash your hands and don PPE if appropriate	
3	Introduce yourself to the patient including your name and role	
4	Confirm the patient's name and date of birth	
5	Explain what the procedure will involve using patient-friendly language	
6	Explain the need for a chaperone	
7	Gain consent to proceed with taking vaginal swabs	
8	Ask the patient if they have any pain before taking vaginal swabs	
9	Ask the patient to remove their underwear for the procedure and provide them with privacy whilst they get undressed	
Preparation		
10	Wash your hands	
11	Open the speculum packaging whilst avoiding touching the speculum or the inner surface of the packaging	
12	Open the lubricant onto the inner surface of the speculum packaging	
Position the patient		
13	Re-check consent and that the patient is happy to proceed with the procedure	
14	Position the patient in the modified lithotomy position	
Vulval examination		
15	Don gloves and an apron	
16	Expose the patient's external genitalia and ensure there is adequate lighting	
17	Palpate the inguinal lymph nodes to identify lymphadenopathy	
18	Inspect the vulva	
19	Take a viral swab of any ulcers on the vulva	
Vulvovaginal swab		
20	Pass the tip of the swab through the introitus approximately 5cm into the vagina	
21	Rotate the swab for 10-30 seconds against the vaginal walls	
22	Remove the swab from the vagina & swab the vulva	
23	Insert the swab into the tube from which the swab was removed from and secure the tube	
Inserting the speculum		
24	Check that the patient is happy to continue with the procedure	

25	Lubricate the speculum	
26	Use your non-dominant hand (index finger and thumb) to separate the labia	
27	With the blades closed, gently insert the speculum with the handle pointing sideways	
28	Once inserted, rotate the speculum so that the handle is facing upwards	
29	Open the speculum blades until an optimal view of the cervix is achieved	
30	Tighten the locking nut to fix the position of the blades	
Inspect the cervix and vaginal walls		
31	Inspect the cervix and vaginal walls	
High vaginal swab		
32	With the speculum in situ, pass the tip of the swab through the speculum to the posterior fornix of the vagina	
33	Rotate the swab in the posterior fornix, ensuring you swab any discharge present	
34	Remove the swab, insert it into the tube from which the swab was removed from and secure the tube	
Endocervical swab		
35	With the speculum in situ, pass the tip of the swab through the speculum to the cervical os	
36	Insert the swab gently into the cervical os (if there is excess discharge covering the cervical os, consider using a spare swab to remove this before inserting the endocervical swab)	
37	Rotate the swab in the endocervix	
38	Remove the swab, insert it into the tube from which the swab was removed from and secure the tube	
Removing the speculum		
39	Loosen the locking nut on the speculum and partially close the blades	
40	Gently remove the speculum, inspecting the walls of the vagina as you do so	
41	Cover the patient and explain the procedure is complete	
42	Dispose of the used equipment into a clinical waste bin	
To complete the procedure...		
43	Label the samples with the relevant details	
44	Thank the patient for their time	
45	Advise the patient that they'll be contacted with results via their preferred method (e.g. face to face or text message)	
46	Dispose of PPE appropriately and wash your hands	
47	Document the procedure in the medical notes including the details of the chaperone	
48	Send the vaginal swabs to the lab for processing	
49	Suggest further assessments and investigations (e.g. urinalysis, abdominal examination, bimanual vaginal examination)	

