PROGRAM Standard Operating Procedure – Laboratory Services	
Title: MIC20300 – Gram stain reporting in LIS-Respiratory Specimens	Policy Number:
Program Name: Laboratory Services	
Applicable Domain: Lab, DI and Pharmacy Services	
Additional Domain(s):	
Effective Date:	Effective Date:
Issuing Authority: Director, Health Services	Date Approved:
Accreditation Canada Applicable Standard: N/A	

GUIDING PRINCIPLE:
Despite the frequency of lower respiratory tract infections, diagnostic studies to detect and identify the etiologic agent are poorly sensitive. The culture of poorly collected respiratory specimens is a wasteful use of laboratory resources and can lead to erroneous reporting and treatment of patients. These specimens need to be scored for acceptability using the Q-score method.

PURPOSE/RATIONALE:
To report the Gram stain results of respiratory specimens in the LIS in a consistent manner.

SCOPE/APPLICABILITY:
This procedure applies to Medical Laboratory Technologists (MLTs) reporting respiratory specimens in the LIS.

SAMPLE INFORMATION:

Type	• Sputum, Endotracheal aspirates (ETT) and Auger Suction specimens are Q-scored for quality • Bronchial aspirates (washings), Bronchoalveolar lavage (BAL) specimens and specimens from cystic fibrosis patients are **NOT** Q-scored for quality • Refer to MIC10100-Microbiology Specimen Processing

REAGENTS and/or MEDIA:
- Gram Crystal Violet
- Gram Iodine (Stabilized)
- Gram Decolorizer
- Gram Safranin

SUPPLIES:

- Glass microscope slide
- QC slide
- Immersion oil
- Slide storage tray

EQUIPMENT

- Hot plate
- Microscope

SPECIAL SAFETY PRECAUTIONS:

Containment Level 2 facilities, equipment, and operational practices for work involving infectious or potential infectious materials or cultures.

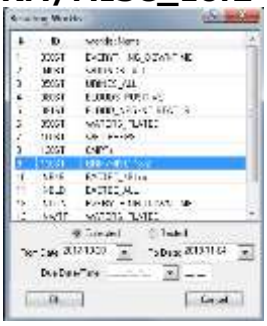
- Ensure that appropriate hand hygiene practices be used.
- Lab gown must be worn when performing activities with potential pathogens.
- Gloves must be worn when direct skin contact with infected materials is unavoidable.
- Eye protection must be used when there is a known or potential risk of exposure of splashes.
- All procedures that may produce aerosols or involve high concentrations or large volumes should be conducted in a biological safety cabinet (BSC).
- The use of needles, syringes and other sharp objects should be strictly limited.

All patient specimens are assumed to be potentially infectious. Routine Practices must be followed. Since viable micro-organisms are used, all cultures must be handled with appropriate precautions. All equipment in contact with cultures should be decontaminated by appropriate methods.

QUALITY CONTROL:

- Quality control is performed daily
- A TQC order is automatically generated daily to record the QC results
- Refer to MIC60060-Microbiology Stain Quality Control

PROCEDURE INSTRUCTIONS:

Step	Action
Reporting routine specimens in the LIS	
1	• Pending Gram stain orders are found in the LIS Resulting Worklist: **Resulting Worklist → GRM/MISC_1of2**  • Press enter or double click to open worklist

2

- Enter the accession number on the slide and select enter to mark the order
- Select enter again to open Result Entry or double click on accession number to open

3

Under low power (X10, LPF): screen slide to locate good specimen areas to obtain an overall impression of cell types present.

- Observe slide for stain crystals:
  - If an excess of precipitated stain is observed, prepare another smear
  - If precipitate continues, use freshly filtered crystal violet
- Determine if slide has been properly decolorized:
  - Depending on the source of the specimen, the background should be generally clear or Gram negative
  - If white blood cells are present, they should appear completely Gram negative
  - If slide is over decolorized, prepare another smear
- Determine if thickness of smear is appropriate:
  - For proper interpretation, areas must be no more than one cell thick, with no overlapping of cells. Prepare a new slide if unreadable
- Examine for evidence of inflammation:
  - Determine areas representative of inflammation and areas of contamination with squamous epithelial cells

4

Under low power (X10, LPF): average the number of epithelial cells and white blood cells:

None seen	No cells seen
1+	**< 1 cell seen**
2+	**1 - 9 cells seen**
3+	**10 - 25 cells seen**
4+	**> 25 cells seen**

5

Calculate the Q-score of the specimen. The Q-score is calculated by assessing the quantity of epithelial cells and neutrophils. Examine 20 to 40 fields and interpret as follows:

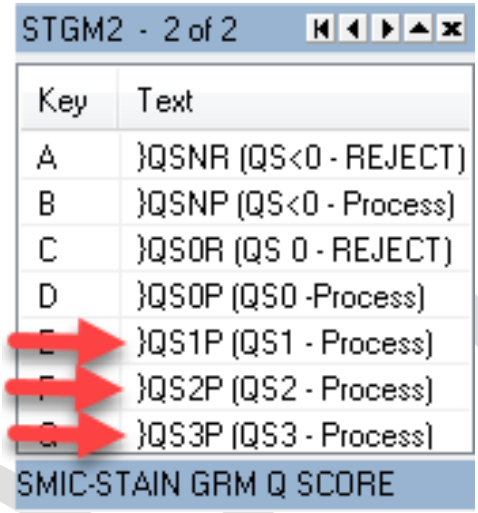
Q-score Table				
Epi cells/LPF	**White blood cells /LPF**			
	0	**1-9**	**10-25**	**>25**
0	Q0	Q1	Q2	Q3
1-9	Q-1	Q0	Q1	Q2
10-25	Q-2	Q1	Q0	Q1
>25	Q-3	Q-2	Q-1	Q0

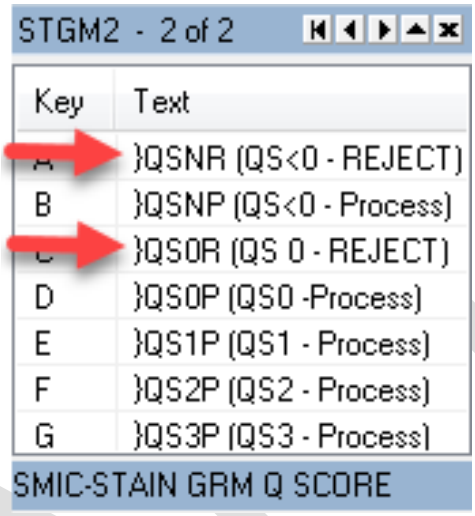
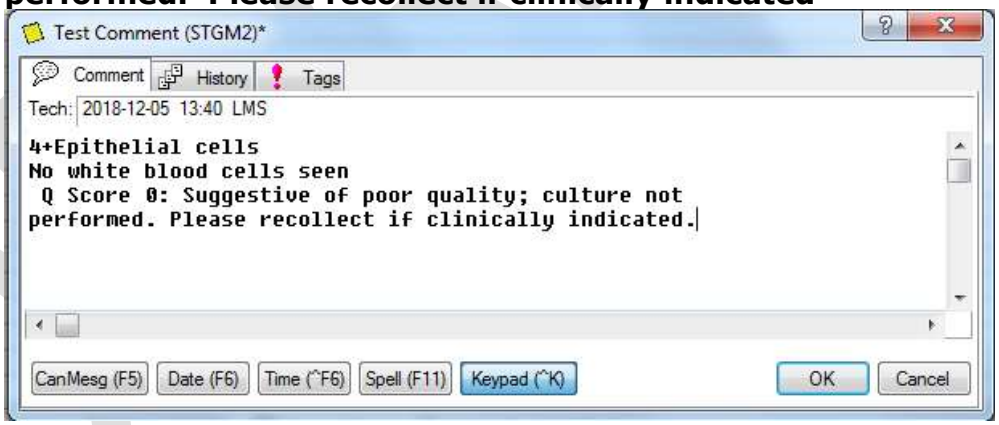
<table>
<tr><td>6</td><td>Do not perform or report the Q-score on Bronchial aspirates (washings), Bronchoalveolar lavage (BAL) or specimens from cystic fibrosis patients.</td></tr>
<tr><td>7</td><td>If the Q-score indicates the sample is of good quality (Q-score 1-3 or Q-score 0 or <0 if patient is immunocompromised), add one drop of immersion oil to the slide. In a representative area with predominance of inflammation or purulence using the oil immersion lens (100X), examine 20 to 40 fields to observe cell morphology and Gram reaction.</td></tr>
<tr><td>8</td><td>Under oil immersion (X100, OIF): quantitate epithelial cells, white blood cells, red blood cells and bacteria as follows:

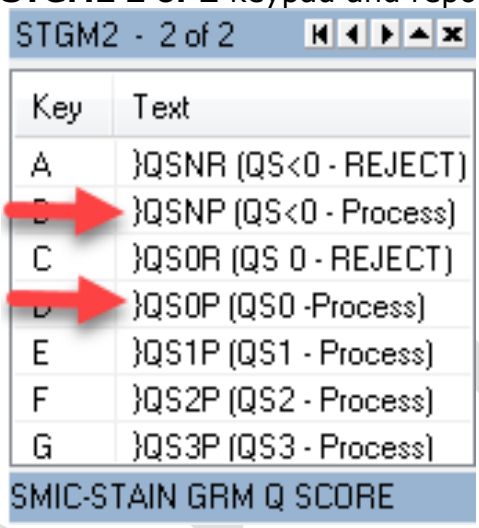
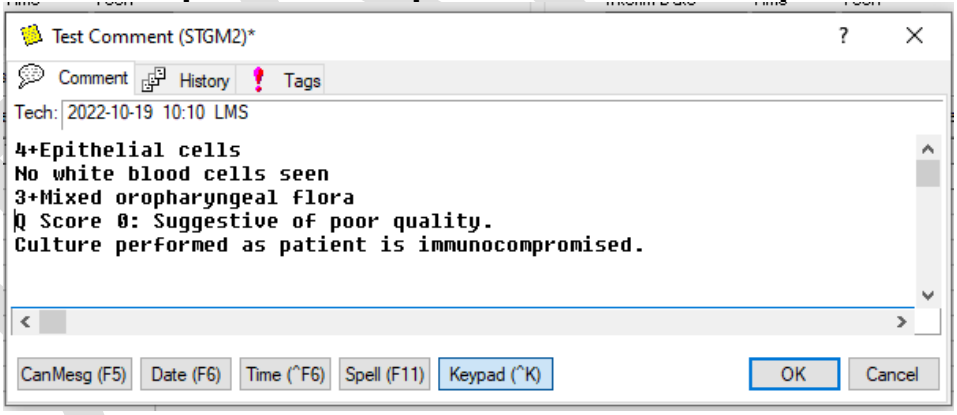
<table>
<tr><th>None seen</th><th>No cells seen</th></tr>
<tr><td>1+</td><td>< 1 cell seen</td></tr>
<tr><td>2+</td><td>1 - 9 cells seen</td></tr>
<tr><td>3+</td><td>10 - 25 cells seen</td></tr>
<tr><td>4+</td><td>> 25 cells seen</td></tr>
</table>

NOTE: Bacteria are not reported if the Q-score indicates specimen is unsatisfactory for culture</td></tr>
<tr><td>9</td><td>Under the test code: STGM2, use the STGM2 keypad to report the quantity of epithelial cells and white blood cells and bacteria if indicated by Q score. Report cells in this order to maintain consistency with reporting.</td></tr>
<tr><td>10</td><td>Reporting Mixed oropharyngeal flora in respiratory gram stain:
1. If smear has ≥2 morphotypes and neither are predominant or intracellular, mixed oropharyngeal flora can be reported
2. If smear has ≥2 morphotypes and one or more are predominant or intracellular, the predominant or intracellular morphotypes are reported individually and other morphotypes are reported as mixed oropharyngeal flora.</td></tr>
</table>

REPORTING INSTRUCTIONS:

IF	REPORT
Q-score is 1, 2 or 3	1. Quantify and report epithelial cells and white blood cells on the **STGM2 1 of 2** keypad 2. Quantify and report bacteria on the **STGM2 1 of 2** keypad 3. Scroll to the **STGM2 2 of 2** keypad and report the Q-score:  4. Comment will appear as: **"Q-score +1, +2 or +3: Specimen satisfactory for culture"**  5. Finalize **STGM2**. Preview instant report and save. Refresh **GRM/MISC1of 2** worklist 6. If finished reading slides, ensure gram stains remaining on worklist have been prepared to be read at a later time 7. Gently blot excess oil from slide using paper towel or gauze and save slides for further evaluation on the slide tray designated for day slides being read

IF	REPORT
Q-score is 0 or < 0 **Patient is NOT immune-compromised**	1. Quantify and report epithelial cells and white blood cells on the **STGM2 1 of 2** keypad 2. Do not report bacteria 3. Scroll to the **STGM2 2 of 2** keypad and report the Q-score:  4. Comment will appear as: **"Q Score 0 or <0: Suggestive of poor quality; culture not performed. Please recollect if clinically indicated"**  5. Finalize **STGM2**. Standard deviation rule violation box will pop up indicating that the culture will be cancelled. Select **OK** 6. Short cancellation reason box will pop up. Select **Key 0 – Report** and select **OK**. This will cancel the culture 7. Finalize **STGM2**. Preview instant report and save. Refresh **GRM/MISC1of 2** worklist 8. If finished reading slides, ensure gram stains remaining on worklist have been prepared to be read at a later time 9. Gently blot excess oil from slide using paper towel or gauze and save slides for further evaluation on the slide tray designated for day slides being read

IF	REPORT
Q-score is 0 or <0 **Patient IS Immune-compromised**	1. Quantify and report epithelial cells and white blood cells on the **STGM2 1 of 2** keypad 2. Quantify and report bacteria on the **STGM2 1 of 2** keypad 3. Scroll to the **STGM2 2 of 2** keypad and report the Q-score:  4. Comment will appear as: **"Q Score 0 or <0: Suggestive of poor quality. Culture performed as patient is immunocompromised"**  5. Finalize **STGM2**. Preview instant report and save. Refresh **GRM/MISC1of 2** worklist 6. If finished reading slides, ensure Gram stains remaining on worklist have been prepared to be read at a later time 7. Gently blot excess oil from slide using paper towel or gauze and save slides for further evaluation on the slide tray designated for day slides being read

LIMITATIONS:

1. Use results of Gram stains in conjunction with other clinical and laboratory findings. Use additional procedures (e.g., inclusion of selective media, etc.) to confirm findings suggested by Gram-stained smears.
2. Carefully adherence to procedure and interpretive criteria is required for accurate results. Accuracy is highly dependent on the training and skill of microscopists.
3. Gram stain-positive, culture negative specimens may be the result of contamination of reagents and other supplies, presence of antimicrobial agents, or failure of organisms to grow under usual culture conditions (medium, atmosphere, etc.).
4. False Gram stain results may be related to inadequately collected specimens or delays in transit.
5. Prior treatment with antimicrobial drugs may cause Gram-positive organisms to appear Gram-negative.

CROSS-REFERENCES:

- MIC10100-Microbiology Specimen Processing
- MIC60060-Microbiology Stain Quality Control

REFERENCES:

1. Leber, A. (2016). *Clinical microbiology procedures handbook.* (4th ed.) Washington, D.C.: ASM Press

APPROVAL:

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Date

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REVISION HISTORY:

REVISION	DATE	Description of Change	REQUESTED BY
1.0	07 Feb 19	Initial Release	L. Steven
2.0	31 Mar 22	Procedure reviewed and added to NTHSSA policy template	L. Steven