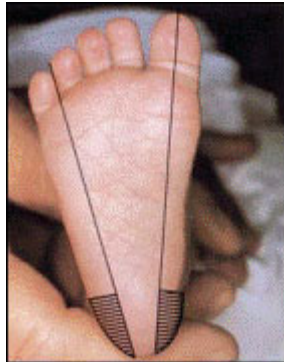


Heel Puncture

Introduction Drops of blood for testing can be obtained by puncturing or making an incision in the capillary bed in the dermal layer of the skin with a lancet. This procedure describes the method to obtain blood from an infant less than 1 year old by puncturing the heel.

Scope This procedure is intended for any phlebotomist or health care worker who is certified to perform capillary puncture of the heel.

Policy Only puncture the plantar surface of the heel, medial to an imaginary line extending from the middle of the great toe to the heel or lateral to an imaginary line extending from between the fourth and fifth toes to the heel.



- Do not puncture any deeper than 2.0 mm.
 - Do not puncture in the arch and any areas of the foot other than the heel.
 - Do not puncture severely bruised areas.
 - Do not puncture the posterior curvature of the heel.
 - Do not puncture through previous sites.
 - Do not puncture a site that is swollen.
 - Do not puncture the finger or earlobe.
 - Only use the lancet specifically for heel puncture.
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Equipment

- Capillary Lancet
- Microcollection Containers
- Warming Device
- Alcohol Pads
- Gauze
- Gloves
- Sharps Container

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Heel Puncture, Continued

Safety Precautions Refer to the Safety Manual for general safety requirements.

Quality Control Inspect the lancet and alcohol packaging to assure sterility.

Order of Draw

1. EDTA Specimens
2. Other Additive Specimens
3. Serum Specimens

Procedure Follow these steps to collect a blood specimen from a heel puncture.

Step	Action
1	Determine tests to be drawn.
2	Identify the patient using 2 patient identifiers.
3	Sanitize hands and put on gloves.
4	Position the patient. NOTE: The infant should be lying face up with the foot lower than the torso.
5	Select the puncture site.
6	Warm the site, if applicable. NOTE: Only use approved heel warmers.
7	Clean the site with 70% isopropyl alcohol and air dry the site. NOTE: Do not blow on the site or wipe or wave it dry.
8	Prepare the equipment.
9	Grasp the foot gently but firmly with your nondominant hand.
10	Encircle the heel by wrapping your index finger around the arch and your thumb around the bottom. Wrap the other fingers around the top of the foot.
11	Place the lancet flat against the skin on the medial or lateral plantar surface of the heel.
12	Puncture the site and discard the lancet in the Sharps Container.
13	Using a clean gauze square, wipe away the first drop of blood.

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Heel Puncture, Continued

Procedure (continued)

Step	Action
14	Fill and mix the tubes in the order of draw by positioning the site downward to enhance blood flow and apply gentle, intermittent pressure to the tissue surrounding the heel puncture site. NOTES: Do not squeeze, scoop, use strong repetitive pressure or “milk” the site, as hemolysis and tissue fluid contamination of the specimen can occur. Ensure that the tubes are not under or overfilled and are mixed according to manufacturer’s instructions.
15	After the last tube is filled, place the gauze over the puncture site and apply pressure to the site. NOTE: The infant’s foot should be elevated above the body while pressure is applied.
16	Label the specimens.
17	Check the site to verify the bleeding has stopped. NOTE: If bleeding persists beyond 5 minutes, notify the patient’s nurse.
18	Dispose of used and contaminated materials into the appropriate containers.
19	Transport the specimens to the Laboratory.

Non-Controlled documents

- McCall and Tankersley, Phlebotomy Essentials, 5th Edition, Lipponcott, Williams and Wilkins, 2012. Chapter 10.
 - CLSI: Procedures and Devices for the Collection of Diagnostic Capillary Blood Specimens – Approved Standard – Sixth Edition, H04-A6, Volume 28 Number 25, September 2008.
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Heel Puncture

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Heel Puncture

Final Approval

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Set Effective Date

Name/Signature	Title	Date	Meaning/Reason
Rebecca Rosser (K053260)	RRL ED CONSULTANT	13 Jan 2016, 09:35:30 AM	Approved