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Kaiser Permanente  
Medical Care Program  
California Division – South

SCPMG Laboratory Systems  
Preanalytical Processing  
Procedure

## Procedure for Venipuncture

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**Introduction** Venipuncture is the process of collecting or drawing blood from a vein and is the most common way to collect blood specimens for laboratory testing.

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**Scope** This procedure is intended for any phlebotomist or health care worker who is certified to perform venipuncture or is within their scope of practice.

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**Policy**

- All Patients must be clearly identified using two [2] identifiers:
  - Labels will be verified with the patient, as per local policy.
  - Ambulatory: The patient will be asked to state their full name and full date of birth.
  - In-patient conscious: The patient will be asked to state their full name and date of birth. The armband is checked and compared to the information stated and to the KPPI handheld.
  - In-patient unconscious: Verification is done through an adult responsible for the patient, when available. The armband is checked and compared to the information stated and to the KPPI handheld.
- All specimens will be collected in the correct order of draw.
- All tubes must be mixed by inversion the number of times required, as soon as the tube has been removed from the holder.
- Gloves must be worn and changed between patients. Wash hands or use approved antiseptic between glove changes.
- A new tourniquet will be used for each patient and will be removed after one minute.
- Do not draw from the wrist side of the hand. Drawing from the back of the hand is acceptable.
- All specimens will be labeled immediately after the specimen is drawn in the presence of the patient. The labeled specimen will be shown to the patient to confirm that the correct label is on the specimen, as per local policy.
- Draws are limited to 2 [two] attempts per phlebotomy for hard draws. A second person may attempt the draw with a limit of 2 [two] attempts. Ask patient permission for additional draws after each attempt is missed. If unable to draw the blood, refer patient to a supervisor [outpatient] or nurse [inpatient] per local policy. Inpatient – after first phlebotomist misses, inform nurse of inability to draw specimen and ask for instructions.
- Draws from an arm with an IV will be performed by following the procedure “Drawing Blood from Patients with an IV”.
- Never draw blood from a shunt or from the arm where the shunt is located.
- Do not draw blood from the arm that is on the surgical side of a mastectomy unless approved by a provider’s written order.
- Do not draw from any indwelling lines. An RN must discard 10 cc of blood to avoid contamination before filling appropriate tubes.
- Transfusion Service outpatients and pre-op patients: May require an additional routing form to be completed per local process.
- All local policies and procedures will be followed.
- When a blood culture is being drawn, choloreprep preparation will be followed as stated in the Blood Culture – Skin Preparation and Specimen Collection procedure.

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**Equipment**

- Tourniquet
  - Collection Containers
  - Multisample Safety Needles or Winged Collection Device [Butterfly]
  - Alcohol Pads
  - Gauze
  - Gloves
  - Sharps Container
  - Paper Tape or bandage
  - Approved warming device
  - Blood Culture holders and bottles and Cholorprep [refer to Blood Culture – Skin Preparation and Specimen Collection]
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**Safety  
Precautions**

Refer to the Safety Manual for general safety requirements.

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**Quality Control**

- Inspect the tip of the needle for burs.
  - Inspect the alcohol packaging to assure sterility.
  - To verify adequate draw volume use a visual monitor by adding 8-10 mL98 of dye to an uninoculated Blood Culture Bottle and compare to patient samples.
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**Order of Draw**

- Blood Cultures [refer to Blood Culture – Skin Preparation and Specimen Collection]
  - Sodium Citrate [Blue top]
  - Serum tube with or without clot activator, with or without gel separator [Gold or Red top]
  - Heparin tube with or without gel plasma separator [Green top]
  - EDTA tube [Purple, Pink or White top]
  - Glycolytic inhibitor tube [Gray top]
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**Procedure**

Follow the steps to collect a blood specimen from a venipuncture:

Step	Action
1	Identify the patient.
2	Determine tests to be drawn.
3	Prepare the equipment.
4	Sanitize hands in the presence of the patient and put on gloves.

5	<p>Position the patient.</p> <p>NOTE:</p> <ul style="list-style-type: none"> <li>• The patients arm should extend downward in a straight line from the shoulder to the wrist and NOT be bent at the elbow.</li> <li>• IF you are drawing from the wrist or hand vein, the patients hand must be supported.</li> </ul>
6	<p>Apply the tourniquet 3-4 inches above the selected site [see Policy for Applying a Tourniquet] and ask the patient to make a fist, without pumping the hand.</p>
7	<p>Select the puncture site by using palpation to determine the location and angle of the vein.</p>
8	<p>Warm the site, if applicable.</p> <p>NOTE: Only use approved warming device.</p>
9	<p>Clean the site with 70% isopropyl alcohol and air dry the site.</p> <p>NOTE:</p> <ul style="list-style-type: none"> <li>• Do not blow on the site or wipe or wave it dry.</li> <li>• Do not repalpate the selected site after cleansing is performed</li> </ul>
10	<p>Upcap and inspect the needle.</p>
11	<p>Support the patient's arm and anchor the vein.</p>
12	<p>Hold the collection device or butterfly needle in your dominant hand with the bevel of the needle facing up. Position the needle above the vein and parallel to its path. Warn the patient about the impending stick.</p>
13	<p>Insert the multisample needle into the skin at an angle of 30 degrees or less.</p> <p>NOTE: If using a winged collection set [butterfly], the angle of insertion is 15 degrees or less</p>
14	<p>Push the first tube into the tube holder to establish blood flow, release the tourniquet and have the patient open their fist. Release the tourniquet when the blood flow has been established, no longer than one minute.</p>
15	<p>Fill and mix the tubes in the order of draw by changing the tube in the holder after the prior tube is filled.</p> <p>NOTE: It is extremely important to ensure that all Sodium Citrate [Blue top] tubes are filled until the vacuum is exhausted and a 9:1 ratio is established.</p>

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16	After the last tube is filled and removed, place the gauze over the puncture site, remove the needle, activate the safety device and apply pressure to the site.
17	Discard the entire collection unit into a sharps container.
18	Label the specimens in the presence of the patient and verify with the patient that the tube has been labeled correctly, when applicable.
19	Check the site to verify the bleeding has stopped and apply bandage.
20	Dispose of used and contaminated materials into the appropriate containers.
21	Transport the specimens to the Laboratory.

**Non-Controlled documents**

- McCall and Tankersley, Phlebotomy Essentials, 5<sup>th</sup> Edition, Lipponcott, Williams and Wilkins, 2012. Chapter 8.
- CLSI: Procedures for the Collection of Diagnostic Specimens by Venipuncture– Approved Standard – Sixth Edition, H3-A6, Volume 27 Number 26, October 2007.

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## Signature Manifest

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### Procedure for Venipuncture

#### Initial Approval

Name/Signature	Title	Date	Meaning/Reason
Janice Wolf (K119893)	Operations Director	20 Nov 2017, 02:02:09 PM	Approved

#### Final Approval

Name/Signature	Title	Date	Meaning/Reason
David Quam (P092597)	Rgnl Mg Admn-Pmg Executive	28 Nov 2017, 03:44:43 PM	Approved


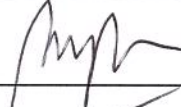
#### Set Effective Date

Name/Signature	Title	Date	Meaning/Reason
Matthew Jones (F754627)	Systems Consultant		
Laura Perry (S533438)	Admin Spec II	04 Dec 2017, 12:51:14 PM	Approved

## Venipuncture

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Reviewed and approved by (for Medical Center Area Approval Only):

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