

BLOOD SPECIMEN COLLECTION/INPATIENTS

SAFETY

- Use the phlebotomy carts properly with caution and safety.
- Phlebotomy carts and trays cannot be left unattended.
- Phlebotomy carts and trays are stored in the designated storage in the laboratory when not in use.
- In the event a lab assistant needs to leave their cart or tray outside of the laboratory, it must be left with another health care worker or monitored area (nursing station, etc.)

Note: Under no circumstances should the phlebotomy tray be taken in to the restrooms.

INITIAL STEPS

- Knock before entering room.
- Use appropriate hand hygiene. Refer to SAF.01.0170, Infectious Control Guidelines for Hand Hygiene Use in the Laboratory. Room to room blood draw may serve in the transfer of infection between patient populations. The phlebotomy tray could be the source of the transfer. If not using a phlebotomy cart:
 - Obtain paper towels and lay out on an available surface (shelf, countertop, etc.)
 - Place phlebotomy tray on the paper towels. Ensure the bottom of the tray is completely covered by the paper towels. Place the paper towel in the non-biohazard trash bag when your procedure is completed.

Note: Under no circumstances should the phlebotomy tray be rested on the patient bed.

- Look for instructional signs relating to the patient.
 - Do not remove any restraints. If restraints need to be removed, page the nurse for assistance.
 - Approach patient, wake gently if sleeping.
 - Identify yourself and inform patient that you are turning on the lights.
 - Inform patient that you will be obtaining a blood specimen (smile warmly).
 - Refer any questions the patient may have to the physician ordering test.
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PATIENT IDENTIFICATION

- Use the KPPI handheld device to scan patient ID. Refer to the KPPI procedures under LIS policy and procedures for proper use of KPPI handheld device.
- Ask patient to state his first and last name (if patient is coherent) and check against patient’s armband and KPPI handheld device.
 - All information must match
 - Failure to properly identify a patient will result in corrective action.

VENIPUNCTURE SITE

- The antecubital vein, hand and wrist are acceptable sites for venipuncture. (Feet and ankle sites may only be used after consulting with the patient’s provider and a written order is obtained).
- Drawing blood above or in close proximity of an I.V. line is strongly discouraged. If you absolutely must obtain a blood sample above or in close proximity of an I.V. and have no other option, you must request the RN to turn off I.V. for 5 minutes before obtaining sample. Notify the testing CLS and indicate in the notes of KPPI, “specimens obtained above or in close proximity of an I.V.”
- **Dialysis Patient:** Never draw blood from a shunt or the arm the where the shunt is located.
- **Mastectomy Patient:** Do not draw blood from the arm that is on the surgical side of the body unless approved by provider's written order
- **PICC Line Draw:** RN must draw 10cc discard to avoid contamination before filling blood in the tubes.

VENIPUNCTURE

Step	Action
1.	Wash your hands or use waterless gel when entering and leaving a patient’s room. Put on a new pair of gloves. Use non-latex gloves if patient has allergies to latex.
2.	Prepare vacutainer needle, syringe or needle and holder. Select tubes using requirements stated on labels. Follow the collection tube order of draw (see next page).
3.	Obtain a new tourniquet for each patient. Apply the tourniquet 3-4 inches above the selected puncture site. Do not place too tightly. It is recommended that the tourniquet should not be left on more than one minute after initial placement. Use non-latex tourniquet if patient has allergies to latex.
4.	When drawing from a hand vein, the tourniquet will be placed proximal to the wrist bone.
5.	The patient should make a fist (if possible) without pumping the hand.

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6.	Palpate for vein - notice depth and direction of vein; look at other arm if necessary. Some patients have a very good vein on one arm and a very poor one on the other.
7.	Cleanse area with proper disinfectant in a circular motion, beginning at the site and working outward. Allow to air dry. Do not touch this area prior to inserting the needle.
8.	Using thumb to stabilize vein and arm, insert needle at an angle 30 degrees or less, aligning carefully with the direction of the vein. If venipuncture requires re-entry of skin, a new needle must be used.
9.	Reassure patient (if coherent) that the sample is entering the syringe or tubes and that you will be done soon.
10.	Release the tourniquet as soon as blood flow is established in the first tube, if possible. Collect required specimens.
11.	Place a gauze over the site and withdraw the needle. Keep the patient's elbow extended. Apply pressure on the gauze until there is no visible bleeding and apply bandage.
12.	Activate the safety devices and discard needle, vacutainer holder, syringe, and/or butterfly in sharps container. Mix all tubes by inversion 8-10 times.
13.	Dispose all wastes in the proper waste container.

COLLECTION TUBE ORDER OF DRAW

Collection tubes should be filled in this order and mixed 8-10 times.

- Blood Cultures – SPS
- Blue (Citrate Tube)*
- Red (plastic), Gold SST
- Red (glass)
- Green (lithium or sodium heparin), PST gel separator tube with heparin
- EDTA Tube
- Grey (sodium fluoride) Tube

***Note:** When using butterfly collection set and a coagulation tube is to be drawn first, draw a discard tube: a blue top or plain red top (no clot activator).

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LABELING TUBES

- Label your tubes **at bedside** or within patient's sight with labels provided.
 - BLOOD SPECIMENS:
 - a. Must have first and last name of patient.
 - b. Must have date and time drawn on inpatients.
 - c. Must have Medical Record Number
 - d. Must have the NUID or initials of person obtaining specimen. By initialing means you have properly identified the patient.
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COMPLETING PROCESS

- Remove gloves and wash hands with soap and water or use the waterless soap.
 - Be sure patient is all right before leaving room. If you have lowered bed rail, raise it. If patient is not competent or responsive, put a bandage over the gauze. Make certain the area has quit bleeding before leaving the room. This is particularly important after drawing coagulation studies.
 - If you cannot obtain blood, report this to the dispatcher in the laboratory and notify a nurse. Our laboratory policy is that a phlebotomist may make only two sticks on a patient. Document all information in the KPPI notes and the name of nurse notified.
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PARENTS & CARE GIVERS

Parents/care givers are allowed to be present during the performance of the venipuncture procedure.

EXTRA BLOOD

Extra blood is not collected on patients.

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Document History Page

Change type: New, Major, Minor etc.	Changes Made to SOP – describe	Signature responsible person/date	Med. Dir. Review ed/ Date	Lab Manager reviewed / date	Date change Imp.
Major	Added Safety Section, Use of KPPI for patient identification and specimen labeling	Mary Lou Beaumont 9/23/2011			
Minor	Revised the “initial step” (paper towel) and the “patient identification” (CN3). Both revisions are in page 1.	Mforough & Aabaoag 10/4/11			
Major	Updated to Regional P&P. Added proper use of phlebotomy carts; updated reference for hand hygiene P&P; Updated procedure: added instructions for drawing from hand; changed duration of tourniquet application to no longer than one minute; removed use of cotton balls; added instructions for discarding waste after phlebotomy; added instruction	Judith Remolar 8/29/18			

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