

## SPECIMEN COLLECTION FOR OUTPATIENTS

### INITIAL STEPS

- Ensure draw station is clean prior to calling in the patient.
- Ensure name badge is above the waist, visible, and readable.
- If the location does not have an automated patient call system, walk to the door and call the patient by their formal name, ie. Mr. or Ms. Smith.
- Wait for the patient to arrive at the door and escort the patient to the draw station.
- Introduce yourself, welcome the patient with a smile, and establish eye contact. Use pleasant tone of voice.
- Adjust ergonomic chair and workstation, if applicable.
- Explain to the patient what you will be doing and if you need to step away for any reason.
- Focus full attention on the patient. Avoid distractions or conversing with coworkers.
- Ask patient if fasting if applicable. If the patient is not fasting but still requests blood collection, complete phlebotomy and add a comment in the LIS system. **Do not deny a patient service if they are not fasting.**
- Ask the patient if they have any fainting history.
- If their response is “**YES**”, have them lie down or recline chair before you begin the blood draw procedure. Refer to Regional Policy SCPMG-PPP-0124 Adverse Reactions in Phlebotomy.
- Refer any clinical questions the patient may have to the physician ordering test.
- Apologize for wait if needed.
- If a patient walks into the lab unannounced, acknowledge their presence and let them know that you have are taking care of a patient but someone will be right with them.

---

### PATIENT IDENTIFICATION

- Review the screen print page of the orders received from reception.
- Enter MR# in KRMS and display patient information on accessioning screen under SO and OE function and double check for current lab orders.
- Print labels for all tests to be performed.
- Ask patient to state their first and last name and date of birth.
- Record the date of birth (month, date, and year) on the screen print page.
- **Verify** patient name and date of birth against information displayed in LIS.
- Verify information on labels match patient information.
- Failure to properly identify a patient will result in corrective action.
- If manual order is received, verify MR# with Kaiser Card.

---

*Continued on next page*

## SPECIMEN COLLECTION FOR OUTPATIENTS

### NON-BLOOD SPECIMENS

When a patient presents with a non-blood specimen (urine, stool, sputum, CSF, culture swabs, etc), the specimen must be verified **prior** to the patient leaving the lab:

- Have patient verify name and date of birth on all specimen labels
- Confirm collection time if necessary (24 hr urine collections, 72 hr stool collections, provider collected specimens –CSF, cultures, catheterized urines, etc) and record on Display Order printout.
- **The lab assistant must initial next to each non-blood test listed on the Display Order printout that they have received the sample.**

### VENIPUNCTURE

- **Never obtain blood above an I.V. line.**
- 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 obtaining a written order).
- **Dialysis Patient:** Never draw blood from a shunt or the arm the where the shunt is located.
- **Mastectomy Patient:** Never draw blood from the arm that is on the surgical side of the body.

Step	Action
1.	Wash hand or waterless hand gel and put on a new pair of gloves in the presence of the patient.
2.	Prepare vacutainer needle, syringe or needle and holder. Select tubes using requirements on label. 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.
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.
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.

*Continued on next page*

## SPECIMEN COLLECTION FOR OUTPATIENTS

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 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 large cotton ball or gauze over the site and withdraw the needle when draw is complete. Keep the patient's elbow extended. Hold the cotton ball or gauze in place or have the patient hold the cotton ball or gauze in place for two minutes or 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 8-10 times.
13.	Discard all wastes in the proper waste container.

### DIFFICULT DRAWS

- If the patient is a difficult draw and is missed, a second attempt may be made. The laboratory policy limits the lab assistant to two (2) attempts.
- If the blood cannot be collected on the second try, the lab assistant will let the patient know that blood was not obtained.
- A second lab assistant may try to obtain blood if the patient agrees.
- If the patient refuses the second attempt or second lab assistant, the lab assistant must contact the ordering provider and inform them that the blood was not collected. If the tests are still to be collected, the provider will need to reorder in Health Connect.
- Follow LIS procedures for cancelation of uncollected specimens.

### COLLECTION TUBE ORDER OF DRAW

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

- Blood Cultures-SPS
- Blue (Sodium 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 using plain red top (no clot activator).

---

*Continued on next page*

## SPECIMEN COLLECTION FOR OUTPATIENTS

### SPECIMEN LABELING-TUBES

- Label tubes in presence of the patient.
- Show labeled tubes to patient and have patient verbally acknowledge that the tubes are correctly labeled.
- Alternatively, the labels may be verified for accuracy by the patient before affixing to the filled tubes in the event that the patient may not want to be shown their blood after it has been drawn.
- If patient is able, ask patient to apply pressure to the venipuncture site while labeling tubes:
- All specimens must be labeled with:
  - a. First and last name of patient.
  - b. Date and time drawn.
  - c. Medical Record Number
  - d. Initials or NUID of collector

See LIS procedure manual for instructions on complete specimen accessioning in Cerner and KRMS.

---

### COMPLETING PROCESS

- Apply a bandage over a small dry cotton ball. Make certain the area has stopped bleeding before instructing the patient to leave. This is particularly important after drawing coagulation studies.
- After drawing is complete, ask patient to apply pressure to venipuncture site for 5-10 minutes while keeping arm straight (Do not bend arm).
- Verify with patient that they are feeling fine and are able to leave.
- If there are concerns about adverse reaction, refer to Regional Policy SCPMG-PPP-0124 Adverse Reactions in Phlebotomy for appropriate actions. “Care of Bruises” is available to hand out to patients when requested to assist with caring for bruises.
- Put specimens away first, then remove gloves and wash hands with soap and water or use the waterless hand gel.
- Use a positive closing statement such as:
  - “Thank you so much for coming here today”
  - “Have a nice day/weekend”
  - “Thank you, you are all finished. I hope I have provided an excellent care experience today”.

---

*Continued on next page*

## SPECIMEN COLLECTION FOR OUTPATIENTS

---

**PARENTS &  
CARE  
GIVERS**

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

---

---

*Continued on next page*

# SPECIMEN COLLECTION FOR OUTPATIENTS

## Document History Page

Change type: New, Major, Minor etc.	Changes Made to SOP – describe	Name responsible person/date	Med. Dir. Reviewed/ Date	Lab Manager reviewed/ date	Date change Imp.
Major	Added <b>Initial Steps</b> , Added checking OE Function for additional orders, added current policy of recording DOB on screen print page	Mary Lou Beaumont 9/23/2011			
Minor	<b>Initial step</b> -Fainting & behavior <b>Patient identification</b> -MR# <b>Labeling tubes</b> -Apply pressure. <b>Completing process</b> -Closing steps.	MForough & AAbaoag 10/6/11			
Major	Added: 1. Fasting patient information 2. Non-blood specimen receipt and processing 3. Patient verification of label information requirement	MLBeaumont 12/2013			
Major	Regional template revision; updated P&P reference for Adverse reactions in phlebotomy; updated tourniquet application to no longer than one minute.	Judith Remolar 8/29/18			

Imp. =Implemented