



Status **Active** PolicyStat ID **15033009**

Beaumont

Origination	3/28/2022
Last Approved	1/17/2024
Effective	1/17/2024
Last Revised	3/28/2022
Next Review	1/16/2026

Document Contact	Kimberly Cole: Spec, Operations
Area	Laboratory- Phlebotomy
Applicability	Dearborn

Phlebotomy Pediatric Patient Procedure - Dearborn

Document Type: Procedure

I. PURPOSE AND OBJECTIVE:

The purpose of this procedure is to provide the preferred specimen collection method according to the pediatric patient's age and the maximum blood volumes to be drawn on those patients.

II. PROCEDURE:

A. Patient Relations and Identification

1. The policy for patient identification is to be followed for all patients including pediatric patients.
2. When approaching a pediatric patient, you should have a calm friendly manner. If there is a question about the ability of the child to hold still, get someone to hold the patient for you.
3. If asked, "Will this hurt?", be truthful. "Yes it will hurt some, but it will not take long if you hold still."

B. Sample Requirements

1. When collecting a pediatric specimen, you must decide if you will use the [Skin Puncture Technique](#) or the [Venipuncture Technique](#). When making this decision, you need to take the patient's age, and sample requirements for the tests into consideration. The following is a list of guidelines to use when determining if a skin puncture or venipuncture should be used.
 - a. If a patient is less than one year old, a heel stick would be the preferred method. The heel is an acceptable site for skin puncture until the child begins to walk. Fingers are not used in infants as the distance between the skin surface and the bone is easily bridged.

- b. In toddlers and children 18 months to 3 years the recommended method is the finger stick unless the test ordered requires a venipuncture for an adequate specimen.
 - i. **Venipunctures are absolutely NOT to be done on babies less than one (1) month old, unless you are specifically trained and have a completed training checklist in that area.**
 - c. In children over the age of 3 years, the preferred procedure would be the venipuncture.
 - d. Tests which must be done by venipuncture include but are not limited to blood cultures, coagulation studies and lactic acids.
2. Refer to the Maximum Amount of Blood to be Drawn on Pediatric Patients chart below to determine acceptable amounts of blood to be collected from pediatric patients at one time and over one month:

Maximum Amount of Blood to be Drawn on Pediatric Patients			
Patient Weight		Max. at one time	Max. over 1 month
lbs	Kg	ml	ml
6-8	2.7-3.6	2.5	23
8-10	3.6-4.5	3.5	30
10-15	4.5-6.8	5	40
16-20	7.3-9.1	10	60
21-25	9.5-11.4	10	70
26-30	11.8-13.6	10	80
31-35	14.1-15.9	10	100
36-40	16.4-18.2	10	130
41-45	18.6-20.5	20	140
46-50	20.9-22.7	20	160
51-55	23.2-25.0	20	180
56-60	15.5-27.3	20	200
61-65	27.7-29.5	25	220
66-70	30.0-31.8	30	240
71-75	32.3-34.1	30	250
76-80	34.5-36.4	30	270
81-85	36.8-38.6	30	290
86-90	39.1-40.9	30	310
91-95	41.4-43.2	30	330
96-100	43.6-45.5	30	350

From Becan-McBride K: Textbook of Clin. Lab. Supervision as adapted in Garza Becan-McBride: Phlebotomy Handbook, 2nd ed., East Norwalk: Appleton-Century Crofts, 1989

Attachments

[Maximum Pediatric Draw Volumes](#)

[Minimum Pediatric Specimen Requirements](#)

Approval Signatures

Step Description	Approver	Date
Medical Director	Jeremy Powers: Chief, Pathology	1/17/2024
Policy and Forms Steering Committee Approval (if needed)	Kimberly Cole: Spec, Operations	1/16/2024
	Kimberly Geck: Dir, Lab Operations B	1/16/2024
	Lori Saad: Mgr, Lab Support Svcs	1/16/2024
	Kimberly Cole: Spec, Operations	1/12/2024

Applicability

Dearborn