



Status **Active** PolicyStat ID **15032975**

# Beaumont

Origination	3/22/2022
Last Approved	1/17/2024
Effective	1/17/2024
Last Revised	3/22/2022
Next Review	1/16/2026

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

## Dearborn Special Situations in Phlebotomy - Inpatients

Document Type: Procedure

### I. PURPOSE AND OBJECTIVE:

This procedure outlines how to handle special situations that may require notification of Nursing Staff and documentation of the Nurse employee Identification Number.

### II. PROCEDURE:

#### A. "Couldn't Gets" (Unable to obtain Specimen):

1. If TWO unsuccessful venipuncture attempts have been made, attempt a fingerstick if possible. Collect any necessary tests (e.g., timed, Intensive Insulin Therapy, fasting and Stats) by capillary technique and inform Phlebotomy of remaining "couldn't get" tests ASAP.  
Note: Drug levels and CBC's can be done by fingerstick.
2. If unsuccessful after two venous and two fingerstick attempts, call the "in-charge" person in Phlebotomy to send another phlebotomist. An experienced phlebotomist must perform the second attempt.
3. When blood is not collected, notify the nursing staff and put the order in for Redraw in Rover.
4. If two phlebotomists (2nd being a long term, experienced employee) have been unsuccessful in attempts to obtain blood, inform the patient's nurse that the physician must draw the specimen. Leave the appropriate tubes for collection at the nursing station and indicate the amount of blood needed on each tube. Defer the ordered labs to the nursing queue.
5. Excessive "Couldn't Gets": It is expected that all phlebotomists will have occasional "Couldn't Gets." However, if a phlebotomist consistently has greater than 10%

"Couldn't Gets," the problem will be investigated to determine the need for retraining.

#### B. Fasting Specimens:

1. IN MOST CASES fasting specimens are to be drawn first. The only exception would be when collecting a STAT or specific timed level specimen before the fasting specimens are collected.
2. Notify the patient's nurse when difficult veins, absent patient or other problems cause delay in obtaining fasting specimens.
3. Note: A (FBS) Fasting Blood Sugar is NOT acceptable as a "Couldn't Get" since it can be collected by finger stick.  
Check with the patient to be sure he/she is fasting. If the patient is not fasting, check with the nursing personnel before collecting the specimens.

#### C. Stats:

1. Send STATs through the pneumatic tube system immediately after drawing the specimen(s).
2. A list of tests that are performed on a STAT basis can be found on the Beaumont Laboratory website under the Healthcare professionals tab, select resources, then testing information, and Stat Testing List.
3. "Timed" or "Routine" STATs will not be honored as a STAT.
  - a. Timed orders are to be collected as close to the designated time as possible with a goal of +/- 30 minutes of the designated time. The goal of Timed Therapeutic Drugs is +/- 15 minutes of the designated time.
4. If the order is a STAT or timed order and the barcode does not scan, but the patient first name, last name and birth date are legible, the draw will be done as a downtime to ensure the draws are timely for patient care.

#### D. Intravenous Therapies (IVs):

1. When intravenous fluid (including transfused blood products) is being administered in a patient's arm, blood should NOT be drawn from that arm if possible. Blood should be drawn from the opposite arm. Skin puncture is recommended when venous access is not readily available. (NCCLS Standard, H3-A5, Section 11.6).
2. If an arm containing an IV must be used for specimen collection, the site selected must be at least **3 inches BELOW** (or DISTAL to) the infusion site. DO NOT DRAW BESIDE AN IV. If blood is drawn from a vein above the site point where a patient is receiving an intravenous fluid infusion, the sample will be contaminated by IV fluid unless it is properly turned off by the (RN) Registered Nurse (see E below).
3. If it is necessary to use the hand vein from the same arm where an IV is running, the tourniquet must be placed BELOW the IV needle. The site must be at least 3 inches below the IV in a different vein and in a non-edematous area.
4. Avoid collecting blood from any site where an IV has recently been discontinued. Draw at least 3 inches below this site. (Note: The areas near or above where the IV needle was inserted can be used 3 minutes following removal of the needle.)

5. If the phlebotomist cannot locate any site 3 inches below the IV site:
  - a. It is imperative the RN confirm the type of IV fluid being infused.
  - b. If the infusion is saline or dextrose, the RN can turn off the IV for 3 minutes and the venipuncture can be performed. Discard the first 5mls.
  - c. Make the sure RN is available to restart the IV as soon as possible after the venipuncture.
  - d. Document "blood drawn above IV according to protocol" and the fluid being infused in the Rover comment section.
  - e. **Important Note:** There are some instances in which testing should never be collected above an IV site. For example: If the patient is receiving intravenous heparin, DO NOT collect coagulation testing above the IV. If the patient is receiving antibiotics or other infusions/additives, DO NOT collect blood cultures or the drug level of the infusion above the IV.

**E. Missing Wristband / Barcode Does Not Scan:**

1. ALL specimens: The armband must be physically attached to the patient before drawing. NO EXCEPTIONS. New armband will be requested if barcode does not scan. Exception – See Stat Section.

**F. Patient Receiving Blood:**

1. When a patient is receiving blood, check with the nurse to determine if you may collect any specimen(s) at this time.
2. If the nurse in charge or physician approves the blood being collected, draw the specimen(s). When blood products are being administered in a patient's arm, blood should NOT be drawn from that arm if possible. Blood should be drawn from the other arm if possible.
3. If the nurse or physician does NOT want the labs drawn, ask for his/her ID number, the time the RN states they would want us to return, and reschedule in the Rover device.

**G. Fistulas and Cannulas:**

1. A fistula (or artificial shunt) is a **permanent** internal surgical fusion of an artery and vein that is used as an access for dialysis in kidney patients.
2. A cannula is a **temporary** external connection between an artery and vein that is used to collect blood from dialysis patients. This information is usually posted by the patient's bed.
3. Beaumont Laboratory does **NOT** perform a venipuncture or fingerstick on the arm where the fistula or cannula is located because it could compromise access or cause infection. Check the other arm first.
4. On rare occasion, at the specific request/approval of a physician or RN, a venipuncture can be performed from the back of the hand making sure the tourniquet is applied 3" below the cannula. **NEVER PLACE THE TOURNIQUET ON OR ABOVE THE CANNULA!!**

#### H. Heparin Lock:

1. A heparin lock is a device that can be inserted into a vascular access device or central venous catheter line for medication administration and blood collection.
2. Only nursing personnel can obtain blood from the heparin lock. The nurse is responsible for drawing the blood, labeling and transporting the tubes.

#### I. Nurse Draws from Central Venous Catheter Lines (e.g. PICC lines):

1. If the patient is a "nurse draw" (i.e., blood being drawn by the nurse from a central venous catheter line), the nurses are responsible for collecting and labeling their draws; the units are responsible for getting those specimens to the lab.

#### J. Ankle Veins:

1. Ankle veins may be considered for venipuncture when an arm or a hand vein is not available. Diabetes, circulatory conditions, or anticoagulant therapy usually prohibit the use of leg veins since the leg and foot are more susceptible to infections and clots in these patients.
2. Before drawing blood from a patient's ankle, **you must obtain permission from the patient's physician and document in Rover with his/her ID number stating they have given permission for the ankle draw.** Always draw an ankle vein with a safety blood collection set (butterfly) and syringe.

#### K. Patient Apprehension/ Decline Draw/ Confusion and Restraint:

1. **Waking/Combative/Confused:** Some patients may react in a combative/startled\* manner until they are completely awake. Stand away from the patient and say their name, introduce yourself and state your purpose. If they are able to give you their name and birth date, you will know they are responsive and most likely awake enough to have you check their arm and draw their blood.
  - a. **\*Note:** If someone has had a traumatic experience in their life (e.g., military) and are startled easily, they may be very combative when approached and not fully awake.
2. **Decline Draw:** If a patient initially requests not to have their blood drawn, try gentle persuasion. If they still request that blood not be drawn, politely accept the patient's request. Notify the nurse and record his/her ID number in the Rover when rescheduling the order to nursing. Do not reschedule to nursing if the patient requests another phlebotomist.
3. **Restraint:** If the phlebotomist feels the patient needs restraints for draw, they must contact the patient's RN. If the patient is confused or agitated, nursing management should assess the situation and make the final decision on the use of restraints for the blood draw.

#### L. Patient Reactions:

1. An inpatient will rarely have a reaction. If the patient does, immediately remove the needle and hold pressure on the wound. Even when a patient recovers quickly, a nurse should be called to attend to the patient.
2. **Sudden Shooting Pain:** If the patient complains of pain that radiates above and

below the puncture site to fingertips and shoulder, terminate the venipuncture immediately. This indicates an aggravation of underlying nerves as a result of the puncture. The RN and phlebotomy management must be notified **immediately**. A [rL Quality Safety Report](#) must be submitted.

3. **Fainting (Syncope):** Call a nurse immediately.
4. **Nausea / Vomiting:** Provide a basin or towel, if you can. Call a nurse.
5. **Convulsions / Seizures:** Call a nurse immediately. Do not restrain the patient, but try to prevent injury.
6. **Death:** If you approach a patient who is deceased, leave the room and notify the nursing staff. If the patient expires while you are in process of collecting specimens, stop the procedure and call a nurse **immediately**. Never collect blood from a deceased patient without permission from a pathologist. Document in Rover.

#### M. Hematoma:

1. A hematoma occurs when blood oozes from the vein into surrounding tissue. The skin surrounding the puncture will swell up and fill with blood. Reasons this could occur are the vein was nicked, the needle went completely through the vein or pressure was not applied to the site after collection.
2. Blood should not be drawn from an area with a hematoma. Inaccurate results can be reported due to hemoconcentration and hemolysis.
3. If a hematoma forms during venipuncture, **immediately** remove the needle and apply firm pressure at once. Care of the vein is very important. A hematoma can be extensive and profuse bleeding can occur under the skin. Notify the nursing personnel of all hematomas.

#### N. Patient With Physician:

The doctor has priority with the patient. Let the physician know you are there from the lab. If the order is timed or STAT, politely ask the physician if you can collect the specimen at this time.

#### O. Mastectomy Patient:

1. **Do not draw mastectomy patients from the specific arm(s) indicated on the patient's message board or indicated in the handheld unless the patient's physician grants permission.** It is acceptable to perform a fingerstick from that arm **as long as no swelling or edema is present.** Contact the RN for patients with double mastectomy to see if an ankle draw is acceptable. If not the physician must give the phlebotomist direction for the collection site. Enter the RN/physicians ID number into the Rover's Comment section.

#### P. Fetal Death:

1. A mother who has lost her infant will have a card posted on the doorframe of the patient's room that has a purple angel on it.

#### Q. Aliases:

1. Patients with an alias will have two wristbands - one for the alias name and one with the real name. Match the Rover data to the band containing the same name. Alias

names are posted as American cities.

**R. Deceased Patient:**

1. Do not collect blood from a deceased patient unless:
  - a. Permission is obtained from a pathologist. Document in Rover.
  - b. The patient is a deceased donor and the Doctor or Nurse has requested the blood draw. Document in Rover.
2. Communication that services are no longer required for support departments such as dietary, radiology, laboratory, etc. is done verbally or through use of a magnet (i.e. “flying dove”) on the patient’s room door frame.

**S. Patients Receiving Heparin:**

1. Patients receiving IV Heparin therapy may need a longer application of pressure either by the phlebotomist or the patient after the collection is complete. Assess the site to be sure the collection site is not bleeding before leaving the patient.

### III. REFERENCES:

NCCLS Standard, H3-A5, Section 11.6



#### 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