|  |  |  |  |
| --- | --- | --- | --- |
|  | **Routine Inpatient Phlebotomy Collection****Using the Mobile Positive Patient ID Collection Device****IPP#11** | **Dept:**  | **Inpatient Phlebotomy 324305** |
| **Effective Date:** | **2/17/2011** |
| **Revised Date:** | **March 2019** |
| **Contact:** | **Laurie Watson** |
| **Name & Title: Greg Pomper, MD Medical Director** | **Date:** |  |
| **Signature:** |

1. **General Procedure Statement:** To give guidelines to staff concerning Routine Inpatient Phlebotomy Collection.
	1. **Purpose:** This procedure is to serve as a guide for trained personnel in the Inpatient Phlebotomy Department to perform the services described herein. These guidelines should be used in conjunction with proper training and only by qualified Phlebotomists.
	2. **Responsible Department/Party/Parties:**
		1. Procedure owner/ Implementer: Inpatient Phlebotomy
		2. Procedure prepared by: Laurie Watson MT(ASCP)
		3. Who Performs procedure: Inpatient Phlebotomy

1. **Procedure: Routine Inpatient Phlebotomy Collection**

The phlebotomists perform venipunctures for blood collection in patient rooms at regular intervals throughout the day. The patient’s lab orders are entered in the Wake One/Epic Computer System by Provider. If the work is ordered for the lab to collect prior to the assigned round time then the request will appear on the Rover device.

**PROCEDURE:**

## Obtain orders through the Mobile Electronic device stepwise:

1. Logging into the Device:
2. Press the home key.
3. Enter Username and Password.
4. Tap “Beaker Inpatient Lab Draws”
5. Tap “WC” (Winston Campus) Lab Draws

**B. Selecting and collecting lab**

1. Tap on unit you are assigned to.
2. Tap on patient for collection.
3. On the information screen, check for the tube types, FYI’s and allergy alerts.
4. Tap the middle icon at the bottom of the screen to access orders.
5. Place the Rover device in a clear bag.
6. Gather supplies together in one place on the cart/basket.
7. Wash hands.
8. Pick up the Rover device and supplies and enter room.
9. Scan the patient’s bracelet and verify the patient’s name and date of birth.
10. After scanning and verifying the bracelet, leave the supplies and the Rover in the patient’s room in the bag.
11. Go to the doorway and get the labels off the printer on the cart.
12. Wash hands before taking the label off of the printer.
13. Return to the room to collect the sample, label the blood at the bedside and scan the labels to verify Positive Patient ID.
14. Place the bloods in a biohazard bag on the cart, and let the Rover slide out of the bag onto the cart.
15. Remove gloves and discard them and the Rover bag in the patient’s room. Wash hands before touching anything on the cart or the basket.
16. Hand Hygiene for Isolation Rooms:
	1. Gowns and masks do not need to be removed when returning to the cart to retrieve labels as long as the threshold at the door is not crossed.
	2. After collection, remove gown/gloves/mask and discard in the room along with the Rover bag.
	3. If the isolation is enteric, hands must be washed with soap and water when leaving the room for the last time. Hand sanitizer is acceptable for all other isolations.
17. Tap (back) top left corner to go back to the patient list.

**C. Assigned to me function**

1. Tap on the floor assigned to you.
2. Select patient by tapping on the circle to the left of the patient’s name. The circle will turn green with a check mark in it.
3. Tap <WC Lab Draws at the top left corner of the screen.
4. Tap on “Assigned to Me” and you will then see the patients you are to collect.
5. Continue this process for additional patients.

**D. Defer Draws:**

1. If you have not scanned the bracelet, in the information screen tap on the defer draw and select a reason for the defer.
2. If you have scanned the bracelet, go to the Order Inquiry screen and tap select at the top of the screen. You will t hen tap on the test you want to defer. At this point, you will see a green check mark in the circle beside the test to defer. At the bottom of the screen, choose redraw and a screen will pop up where you can select the reason for redraw. Go back to the information screen and defer the test by tapping on “defer” and choosing a reason for the defer.

**E. Crediting orders**

1. After selecting the patient you want to credit, go to the Order Inquiry screen and swipe left on the test that needs to be credited.
2. “Credit” will appear in red. Tap on the credit and select a reason for the credit.
3. Each test needs to be credited individually.

**F. All Units**

1. This function is used to look at all patients with orders on every floor programmed on the device. It can also be used to see which patients coworkers have assigned to them.
2. Tap on All Units to see the patients that have orders for collection.
3. The patient with a check in the gray circle to the left of the patient has been assigned to someone.
4. To see the patients assigned, Hide Taken needs to be at the top right corner of the screen. If the screen indicates “Show Taken”, the assigned patients will not be visible.

#### Determine Nursing Units that have patients who require lab work

After reviewing the patients on the Mobile electronic device, indicate on the call list which floors had patients. Any nursing unit assigned to that round time that does not have a patient on the device should be called. The phlebotomist calls those units to ask if they have any lab requests for that hour. If they answer yes then indicate yes on the call sheet. If they answer no then indicate no on the call sheet. Also indicate, in both cases, who responded.

Nursing units that respond that they have lab work will have Wake One labels and/or requisitions in the designated box on their floor, and they should meet the Phlebotomist complete the collection together as these are Unit to Collect samples and are on the Nursing worklist. The Nurse will need to complete the collection process electronically in Wake One.

#### Making the Rounds

Phlebotomists will report to their assigned nursing units during the regular rounds. Upon reporting to the floor the phlebotomists will sign in to document arrival and check the lab request box for Wake One requisitions and/or Research Slips. This check will be done even when the phlebotomist has patients on the Rover device to be sure that no tests have been added on to the original order.

After checking the box the phlebotomist sets out to the assigned patient’s rooms. After each patient visit, indicate the **time** and the name of the Phlebotomist on each sheet or other requisition if the orders are not on the PDA if applicable. If patients have lab work that should be rescheduled, then have the nurse sign the department form indicating the lab was not successfully collected. If the rescheduled test is on a Wake One or other form of requisition then return that requisition to the nursing station with a signature of notification that tests were rescheduled. Retain the department form for 2 years.

#### Placement of Labels on the Tubes

The barcoded labels that are generated from the Rover device must be placed on the tubes with a specific orientation. The first letter of the last name is oriented toward the top of the tube.

Note the placement of the label. The barcode is positioned closer to the cap and is in line with the tube.



**Transporting Specimens back to the Laboratory**

Samples are delivered to Central Processing every 30 minutes via the pneumatic tube system, or within 1.5 hours of collection if the pneumatic tube system is down and they are hand delivered by the Phlebotomy or Nursing staff. Blood collection tubes are maintained at room temperature unless otherwise instructed by specific specimen requirements.

**Receiving the Specimen in the Laboratory**

Samples are received in the Beaker Lab System upon receipt on the Mobile Electronic device or by Central Processing for orders not collected with the device.

**Procedure Notes**

1. Occasionally after phlebotomists complete a round nursing staff will ask them to draw another patient. If this add-on will not interfere with the timeliness of the other patient samples or will not interfere with reporting to the next assigned task, then phlebotomists may accept the add-on test. If time does not allow for the add-on, then the nursing staff should be informed that the lab will return for that sample on the next round.
2. If the Phlebotomists are anticipating a delay in the arrival to the floor, they will notify the unit of any delays.
3. The Central Processing department enters Wake One requisitions returned from the inpatient floors.
4. In the event of duplicate requests, the phlebotomists will verify that there are other active or completed orders in the LIS and call the nursing unit to confirm the duplicate or that it is a repeat request. The duplicate will not be credited until these 2 steps are completed.
5. In the event that a sample is not obtained by the phlebotomy team, a credit or reschedule code will be placed on the credit/reschedule sheets to document the communication of a failed collection to the nurse. The nurse will initial the paper to document the lack of collection.
6. The Collectors name, time and date of collection are recorded electronically on the mobile device and into the electronic medical record. In the event of a downtime, manual requisitions are used and signed off with the same information by the Phlebotomist at the time of Collection.
7. Scheduled downtimes are typically addressed by collecting routine samples early or before the downtime goes into effect.
8. Unscheduled downtimes require the coordination of Nursing, the Lab, and the Information Technology team. Without the mobile device’s functionality, the Phlebotomist cannot see lab orders and therefore cannot collect samples. When it is determined and communicate that downtime procedures will go into effect, Nursing will use the BCA (Business Continuity device) to retrieve orders and complete manual downtime requisitions. The Phlebotomists will continue to round in their normal manner to collect these samples. Document labels are obtained from the units and placed on the samples, or handwritten can be used if legible. All requisitions need be signed and dated with the time of collection.
9. Acceptable credit and reschedule codes are listed below.

|  |  |
| --- | --- |
| BADID | Patient ID incorrect = cancel |
| BROK | Broken/spilled in transit = cancel |
| CANOR | Physician cancelled order = cancel |
| CLTD | Clotted = cancel |
| DBN | Has been drawn by nurse/physician =cancel |
| DUPL | Duplicate request = reschedule or cancel |
| EMLA | EMLA cream not used.= reschedule for next round |
| FLOOR | Floor ordered incorrectly = reschedule or cancel |
| IMCL | Improperly collected = cancel |
| IMPS | Wrong tube/specimen type = cancel |
| IVON | IV running = reschedule |
| LABLU | Unsatisfactory specimen/no label = cancel |
| LABN2 | Lab unable to obtain after 2 attempts = reschedule 22:00 |
| LABUN | Lab unable to obtain = reschedule for next round |
| LOST | Lost in transit to reference lab = cancel |
| NABD | No armband identification = cancel |
| NO | No sample received= cancel |
| NOARM | No available arm = reschedule next round |
| NOICE | Not received on ice = cancel |
| NOLT | Sample not protected from light = cancel |
| NOTIM | Not time = reschedule for appropriate time |
| NOWARM | Sample not kept warm = cancel |
| OLD | Stability limit exceeded when received = cancel |
| ORINC | Lab ordered incorrectly = cancel |
| PBATH | Patient in bathroom = reschedule for next round |
| PCATH | Portacath = reschedule for 22:00 |
| PCOM | Patient combative/abusive = reschedule for next round |
| PDIAL | Dialysis to collect = cancel |
| PDIS | Patient discharged = cancel |
| PFAM | Family requested to be rescheduled = rescheduled for next round |
| PNA | Patient not available = rescheduled for next round |
| PNF | Patient not fasting = cancel |
| POR | Patient out of room = reschedule for next round |
| PRBL | Patient receiving blood = reschedule for next round |
| PREF | Patient refused = reschedule for next round |
| PREQ | Physician requested to be reschedule = reschedule for next round |
| PRS | Patient requested to be rescheduled = reschedule for next round |
| PSICK | Patient nauseous = reschedule for next round |
| PSUR | Patient in surgery = cancel or reschedule |
| PTF | Patient transferred to another unit = cancel |
| PWP | Physician with patient = reschedule for next round |
| QNS | Quantity not sufficient = cancel |
| SHORT | Too little blood for anticoagulant = cancel |
| SPACC | Special Account = cancel |
| TBDBN | To be drawn by nurse/physician = reschedule for 22:00 |
| USAT | Unsatisfactory specimen = cancel |

 **3) Review/Revision/Implementation:**

All procedures must be reviewed at least every 2 years.

* All new procedures and procedures that have major revisions must be signed by the CLIA Laboratory Medical Director.

* All reviewed procedures and procedures with minor revisions can be signed by the designated section manager.
1. **Related Procedures:**
	1. **Hand Hygiene Medical Center Policy on the Infinet**
2. **References: N/A**
3. **Attachments:** **N/A**
4. **Revised/Reviewed Dates and Signatures**

|  |  |  |  |
| --- | --- | --- | --- |
| Review Date: | Revision Date: | Reason: | Signature: |
|  | 3/6/2017 | Reformatted to Medical Center standard template | Laurie Watson, MT, ASCP |
|  | 3/5/2019 | Revised signature page | Laurie Watson, MT, ASCP |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |