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|  | **Limitations to Service****IPP#13** | **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 the proper Process for adhering to the Limitations to Service.

* 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
		3. Who Performs procedure: Inpatient Phlebotomy

**Procedure: Limitation to Service**

The Phlebotomy Team obtains samples from unencumbered arms or hands. Unsuccessful attempts at venipuncture, for tests that cannot be performed on capillary samples, or for patients with certain restrictions, will result is sample collection reverting to the Medical Team.

* 1. Specimens that require collection by the Medical Team typically include the following circumstances:
		1. Arterial Samples
		2. Samples that are not obtained after 2 attempts by 2 different phlebotomists.
		3. Samples that require special collection technique, timing or handling.
		4. Samples from arms where IV fluids are running. (See policy in this manual for Performing Venipuncture on Patients with Intravenous Lines)
		5. Samples from arms with open wounds or arms extensively bandaged.
		6. Samples from arms severely edematous.
		7. Samples from arms that have fistulas or shunts. (See Notes on Procedure for this policy)
		8. Samples from an arm on the side of a mastectomy.
		9. Combative or uncooperative patients. A patient who refuses venipuncture will have the draw rescheduled for the next round. The phlebotomist will report the refusal to the nurse. If the patient refuses on the next round then the phlebotomist will report to the nurse that the lab will have to cancel the order until the patient is convinced to have the blood drawn.
	2. **Performing Venipuncture on Patient with Intravenous (IV) Lines**
		1. Blood should not be drawn from a patient's arm when an IV solution is being administered in that arm.
		2. Blood drawn above the intravenous infusion site can be diluted with the intravenous fluid being administered.
		3. Also, the IV infusion solution may contain the analyte to be tested. Test results from this blood sample will be erroneous and thus misleading to the physician.
		4. The phlebotomist should look for a venipuncture site in the opposite arm.
		5. A good second option may be performing a skin puncture when venous access in not readily available.
		6. Rarely, a patient will have IV's running in both arm and/or hands and a skin puncture is not a suitable sample. When that is the case the phlebotomist may have no choice but to obtain the sample from an arm that has an IV line attached.
			1. Ask the nurse for the IV to be turned off for at least 2 minutes before the venipuncture.
			2. Apply the tourniquet below the infusion site and select a vein that appears to be a different vein from the IV site.
			3. Perform the venipuncture according to departmental procedures.
	3. It must be indicated with a comment that this sample was drawn from an arm that had an IV line that was turned off and indicated if it was drawn above or below the IV site.
	4. **BLOOD COLLECTION FROM PATIENTS WITH HEPLOCKS/SALINE LOCKS**
		1. Phlebotomists are approved to perform venipuncture from either above or below a heplock or a saline lock.
		2. A physician's written order must be documented on the chart and communicated to the Phlebotomist authorizing this procedure.
			1. It must be noted on the requisition or patient’s chart that the samples were obtained above or below a heplock or saline lock.
			2. Using standard venipuncture procedure, the samples may be obtained using either syringe or the Vacutainer method.
		3. This procedure does not include drawing blood from the heplock or saline lock

 Itself, this should never be attempted by a phlebotomist.

* 1. **When a Specimen on a Collection List Is Not Obtained**
		1. Phlebotomists report to the patient’s nurse or the charge nurse that the specimen was not obtained.
		2. Document the explanation for why the specimen was not obtained on the uncollected lab form
		3. The nurse initials beside of the explanation and indicates if the test needs to be rescheduled for the next round.

## When Two Phlebotomists Are Unable to Obtain a Sample

* + 1. When the second phlebotomist cannot obtain a suitable specimen after 2 attempts, the nurse in charge of the patient is informed that the laboratory is unable to obtain blood on this patient. The nurse will sign a slip indicating notification of the failure to collect the sample. Nursing will inform the medical team.
		2. Cancel the test with the appropriate reason code.
		3. Write the patient name and location as a LABUN X 2 on the dry erase board.

**Procedure notes**

1. Because of potential sources of error, avoid collecting blood from a known previous infusion site for 24 hours. Phlebotomists may only know this information if the patients tell them.

2. The phlebotomy staff may attempt to obtain specimens from a patient with an inactive fistula if the attending physician has documented this approval in the patient’s chart.

1. **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: N/A**
2. **References: GEN.57000**
3. **Attachments:** **Competency Checklist #IPP13.1**
4. **Revised/Reviewed Dates and Signatures:**

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| 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 |
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