

TRAINING UPDATE

Lab Location: SGAH & WAH
Department: Phlebotomy

Date Distributed: 11/27/2013
Due Date: 12/30/2013
Implementation: 1/1/2014

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:
Heel Stick Specimen Collection SGAH.P02, WAH.P02 v1
Description of change(s):
<p>Section 3: update title of staff performing. Add review responsibility</p> <p>Section 4: specify who performs infant venipuncture</p> <p>Section 5: add Newborn metabolic screen card</p> <p>Section 6: add Microvette® collection container, add apply mild pressure, update bandaging</p> <p>The revised SOP will be implemented on January 1, 2014</p>

Document your compliance with this training update by taking the quiz in the MTS system.

Approved draft for training

Non-Technical SOP

Title	Heel Stick Specimen Collection	
Prepared by	Samson Khandagale	Date: 3/19/2009
Owner	Samson Khandagale	Date: 3/19/2009

Laboratory Approval		
Print Name and Title	Signature	Date
<i>Refer to the electronic signature page for approval and approval dates.</i>		
Local Issue Date:		Local Effective Date:

Review:		
Print Name	Signature	Date

TABLE OF CONTENTS

1. PURPOSE..... 2
2. SCOPE 2
3. RESPONSIBILITY..... 2
4. DEFINITIONS..... 3
5. EQUIPMENT/ MATERIALS 3
6. PROCEDURE..... 4
7. RELATED DOCUMENTS 4
8. REFERENCES 5
9. REVISION HISTORY..... 5
10. ADDENDA AND APPENDICES..... 5

1. PURPOSE

To describe the equipment, sites and the steps required in collecting capillary blood samples by heel stick procedure.

2. SCOPE

All Infants must be drawn by heel stick procedure for Laboratory orders, unless noted otherwise by Pediatricians.

3. RESPONSIBILITY

It is the responsibility of [trained Field Operations Staff](#) to perform heel stick procedures utilizing the guidelines described.

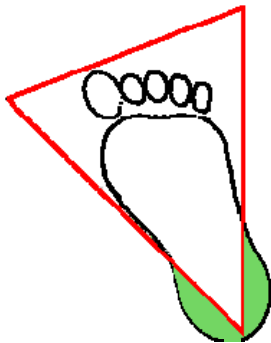
[The Field Operations Supervisor](#) is responsible for the content and annual review of the procedure.

4. DEFINITIONS

A heel stick should be performed on infants, except when more than 2 or 3 cc of blood is needed or venipuncture is specifically requested by the Pediatrician's order.

Note: Venipuncture on an infant is only performed by designated experienced Phlebotomists. A Supervisor or Group Lead will determine designation. If an experienced Phlebotomist is not available or is unable to obtain the blood within one stick, an in-house Pediatrician or ER Physician will be requested to draw that infant.

The heel-stick site is the most medial or the most lateral portion of the plantar surface. See the shaded area on the infant's heel below:



Note:

Only an Automated heel incision device (Tenderfoot lancet) will be used for this procedure. It is designed to make a standard incision of 1.0mm in depth & 2.5mm in length.

Do not perform punctures on the posterior curvature of the foot. Skin puncture on this area may result in injury to the nerves, tendons, and cartilage.

Do not puncture through previous sites that may be infected.

5. EQUIPMENT/ MATERIALS

1. Single use sterile lancet (tenderfoot lancet)
2. Sterile gauze
3. Alcohol swabs
4. Latex free gloves
5. Collection containers, as required by test(s)
 - a) Microcollection containers (Red, Amber SST, Green plasma, EDTA tubes)
 - b) **Newborn metabolic screen** card
6. Biohazard sharps container
7. Under pads/chucks (required for Out patients)

6. PROCEDURE

1. Perform positive patient identification as per SOP Patient Identification.
2. Wash hands. Apply gloves. Apply the heel warmer to heel-stick site for 3-4 minutes. This will allow the blood flow to increase up to sevenfold to this area.
3. Wipe the puncture site in concentric circles using a 70% isopropyl alcohol wipe and allow to air dry.
4. Puncture the site with the tenderfoot device. Wipe away the first drop of blood with sterile gauze.
5. Collect the required specimen by touching the opening of the [Microvette®/ Microtainer®](#) tube against the large drop of blood. Allow the blood to flow naturally into the container.

Notes:

- Do **not** scrape blood off the heel or scoop it. Scooping and scraping will collect other contaminants such as surface clots, dead skin and tissue thromboplastin even if the site appears clean.
 - If a [Microvette® collection container](#) is used, refer to the procedure [Finger Stick for specific instructions and diagrams](#).
6. After collecting sufficient amount of specimen, wipe off the heel-stick site with sterile gauze, [apply mild pressure for a few minutes](#), and apply a sterile band-aid/[bandage to the site](#).
 7. Label all samples with patient's labels ([HIS/LIS](#)), collection time and tech code.
 8. Remove all equipment and items that were used, from the baby's vicinity and discard it appropriately. Dispose of tenderfoot device in a puncture resistant container.
 9. Inform the [Pediatrician/RN/Parent/Guardian](#) that the blood draw is complete.
 10. Follow the Microcollection Order of draw for Capillary Draw
 - EDTA (Microvette®/ lavender top) / Unopette draw
 - PST (Microtainer®)
 - Plain Red (Microtainer®)
 - SST (Microtainer®/ Amber tube)

7. RELATED DOCUMENTS

Patient Identification, Phlebotomy procedure
[Finger Stick, Phlebotomy procedure](#)

8. REFERENCES

1. Jacobs DS, et al, Laboratory Test Handbook, 4th edition, OH: Lexi-Comp Inc., 1996, 330-331.
2. Henry, J.B., MD (ed) *Clinical Diagnosis and Management by Laboratory Methods*, 12th edition. W.B. Saunders Company, 2001, pages 487-488.

9. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes SOP P003.002		
000	11/4/13	Section 3: update title of staff performing. Add review responsibility Section 4: specify who performs infant venipuncture Section 5: add Newborn metabolic screen card Section 6: add Microvette® collection container, add apply mild pressure, update bandaging Section 7: add Finger Stick SOP Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13	S Khandagale	S Khandagale

10. ADDENDA AND APPENDICES

None