TRAINING UPDATE

Lab Location: Department: SGMC & WAH Phlebotomy
 Date Distributed:
 1/5/2016

 Due Date:
 1/22/2016

 Implementation:
 1/22/2016

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:

Blood Collection from Indwelling Catheter SGAH.P05, WAH.P05 v3

Description of change(s):

Section 3: update job title, remove annual review

Section 5: WAH inpatient process edited to specify RN instead of IV therapy, SGMC inpatient process limited to rescheduling collections

This revised SOP will be implemented on January 22, 2016

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

Approved draft for training (version 3)

Non-Technical SOP		
Title	Blood Collection from Indwelling Catheter	
Prepared by	Leslie Barrett	Date: 3/23/2009
Owner	Samson Khandagale	Date: 3/23/2009

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		

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1. PURPOSE

This procedure outlines the process for coordinating the collection of a blood sample from any indwelling line by nursing staff.

2. SCOPE

This procedure applies to Field Operations staff.

3. RESPONSIBILITY

Field Operations personnel perform this procedure and must comply with the content. The <u>Client Services</u> Field Operations Manager/Supervisor is responsible for the content and review of the procedure.

4. **DEFINITIONS**

None

5. **PROCEDURE**

AT NO TIME UNDER ANY CIRCUMSTANCES SHOULD A PHLEBOTOMIST ATTEMPT TO ACCESS OR COLLECT BLOOD FROM ANY IMPLANTED VENOUS, ARTERIAL LINES, GRAFTS OR HEP-LOCKS.

WAH

A. Inpatients:

- 1. I.V. Therapy Critical Care Nurse Nursing staff will draw blood from accessible indwelling lines.
- 2. Phlebotomist will provide the appropriate tubes and labels for the nurse or I.V. Therapy, nursing staff at least 1 hour prior to routine, timed collections. For STAT and ASAP orders, within 10-15 minutes from the order time.

- 3. Phlebotomist will document time and name of Nurse RN or Unit Secretary who received the tubes and labels.
- 4. Phlebotomist will reschedule the tests for the next hour using code "IVT" RNWD (Nurse will draw) in LIS. using program CVIS and REI to input the name of the nurse in LIS.
- 5. Phlebotomist will follow up with Nursing until specimens are received in the Lab and received in LIS. and not indicated as un-collected on the un-received phlebotomy collection log.
- 6. Specimen Transport/delivery
 - a) Nurse or IV therapy should Nursing staff is responsible to tube specimens to the laboratory via pneumatic tube system or hand deliver.
 - **Note:** Blood culture specimens may only be sent via pneumatic tube system in a shatter proof BLC bottle carrier, provided by the Lab (only one set per transaction). This carrier must then be enclosed in a leak proof biobag. Only two BLC carriers in sealed bio-bags may be inserted into one pneumatic tube carrier. This process will prevent accidental breakage and contamination of the pneumatic tube system.
 - b) Phlebotomist may pick up the collected specimens and deliver them to specimen processing or laboratory as requested.
- B. Outpatients:
 - 1. The Client Representative will contact the Infusion Center to alert them that a patient will be brought for blood draw from an indwelling line.
 - 2. A Client Representative/ Phlebotomist will take the LIS labels and escort the patient to the Infusion Center or assist in Out Patient area.
 - 3. Once the blood is drawn, the will Phlebotomist bring the specimens back to the Laboratory.

SGMC

- C. Inpatients:
 - 1. Nursing Staff will draw blood from accessible indwelling lines.
 - Phlebotomist will provide the appropriate tubes and labels for the nurse, at least 1 hour prior to routine and timed collections. For ASAP and STAT orders, within 10-15 minutes. If units have their own barcode printers then labels need not be provided.
 - 3. Phlebotomist will document time and name of RN Nurse who received the tubes and labels in LIS under function REI.

- 4. Phlebotomist will reschedule the tests for the next hour using code "IVT" RNWD (Nurse will draw) in LIS
- 5. Phlebotomist will follow up with Nursing until specimens are received in the Lab and not indicated as un-collected on the un-received phlebotomy collection log.
- 6. Specimen Transport/delivery
 - a) Nurse should tube specimens to the laboratory via pneumatic tube system.
 Note: Blood culture specimens may only be sent via pneumatic tube system in a shatter proof BLC bottle carrier, provided by the Lab. This carrier must then be enclosed in a leak proof bio bag. Only two BLC carriers in sealed bio bags may be inserted into one pneumatic tube carrier. This process will prevent accidental breakage and contamination of the pneumatic tube system.
 - b) Phlebotomist may pick up the collected specimens and deliver them to specimen processing or laboratory (only if on the unit).
- D. Outpatients:
 - 1. When the Outpatient Infusion Center is Open, the patient should be directed there; otherwise Resource RN (Nurse Admin) is called to assist.
 - 2. The Client Representative will contact Resource RN to draw blood from outpatients with indwelling lines.
 - 3. Client Representative/ Phlebotomist will prepare the appropriate tubes and LIS labels for the draw. Observe and assist as needed.

6. **RELATED DOCUMENTS** None

7. **REFERENCES** None

8. **REVISION HISTORY**

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes SOP P006.001		
000	12/2/09	Section 5: Part B, added Infusion Center Section 5: Parts A and C, added note to item 5.a	L Barrett	SKhandagale
001	6/10/12	Section 5: Parts A and C, 2 added STAT/ASAP orders to item 2. Add item 4 to specify follow up process	SKhandagale	SKhandagale

002	11/20/15	Section 3: update job title, remove annual review	SKhandagale	SKhandagale
		Section 5: WAH inpatient process edited to specify		
		RN instead of IV therapy, SGMC inpatient process		
		limited to rescheduling collections		
		Footer: version # leading zero's dropped due to new		
		EDCS in use as of 10/7/13		

9. ADDENDA AND APPENDICES

None