

TRAINING UPDATE

Lab Location: SGMC
Department: Phlebotomy

Date Implemented: 7.6.2017
Due Date: 7.24.2017

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:
Pediatric Collection
Description of change(s):
<ol style="list-style-type: none">1. Incorporated the "maximum blood draw" procedure into the pediatric procedure. These used to be two separate procedures but are now one.2. Added guidance to say that heelstick should be done on kids <1 year of age and fingerstick on kids 1 year and older unless otherwise specified by the physician.3. Added the different holds (cradle hold and drawing chair hold) to the procedure. We were using these, but they were not previously listed in a procedure.

Electronic Document Control System



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Owner: LESLIE BARRETT
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Next Review Date:

Non-Technical SOP

Title	Pediatric Collection	
Prepared by	Samson Khandagale	Date: 4/21/2011
Owner	Samson Khandagale	Date: 4/21/2011

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

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- 1. PURPOSE**
 The purpose of this document is to assist in the management of pediatric collections.
- 2. SCOPE**
 This procedure applies to blood collection procedures on children under 14 years of age.
- 3. RESPONSIBILITY**
- Phlebotomy Manager or Supervisor is responsible for review, approval and update of this procedure.
 - Phlebotomy Staff must comply with this procedure.
- 4. DEFINITIONS**
 N/A
- 5. PROCEDURE**

Step	Action
1	The management of pediatric patients requires broader knowledge and more experience. Small veins, inability to control movement, patient fear, and parental anxiety all add significant stress to the collection process.
2	The phlebotomist must assess the patient to determine which collection method is best. The child’s age, test(s) requested, and volume of blood needed should be considered when determining a collection method. <ul style="list-style-type: none"> A. Heelstick collection is generally used for patients who are not yet walking (under 1 year in age). B. Fingerstick collection is generally used for young children and those who have small volumes of blood being collected. C. Venipuncture is used for older children, and when the physician or test dictates venous collection (coagulation tests require venous collection). Routine procedures apply.

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Step	Action
3	<p>The phlebotomist should clearly explain the procedure to the child and adult.</p> <ul style="list-style-type: none"> A. Children are often fearful or apprehensive about having blood collected. B. Communicating with the parent and child is an important step in maintaining their confidence in your ability. <ul style="list-style-type: none"> a. Children under the age of six years won't always hear your words but they will comprehend your ability to maintain a calm, controlled atmosphere. b. Sitting on a stool or lowering yourself to maintain eye-to-eye contact with the child can make the child feel more comfortable. c. Use simple language when speaking to children. d. A confident friendly voice will help the child remain calm. e. Do not tell the child the procedure will not hurt.
4	<p>Whenever possible, minimize the amount of blood collected from pediatric patients.</p> <ul style="list-style-type: none"> A. Review the minimum blood volumes needed for each test requested. Utilize the test directory as needed. B. Clarify the patient's weight with the responsible party (parent, guardian, physician). If the child's weight is unknown, contact the provider for the information. If the provider is unable to provide the weight AND there is a possibility that the volume of blood needed will exceed the limit, it is acceptable to bring the child to ED or the Outpatient Infusion Center to obtain a weight measurement. C. Use the patient's age and the chart in Appendix A to determine the maximum amount of blood that may be drawn from patients under the age of 14. D. If the minimum amount of blood needed exceeds the volume of blood we are allowed to collect at one time, <ul style="list-style-type: none"> a. Contact the ordering provider and ask him/her to prioritize with tests should be done first. b. Ask the patient to return in 3-5 to have any remaining tests performed. c. If the referring provider insists that all lab tests be collected at one time, document the name of the physician approving the volume on the facesheet along with the date and time. Obtain verbal consent from the parent or guardian and proceed with blood collection.

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Step	Action
5	<p>The parent should be asked to help restrain the child, if the child cannot hold still on his/her own. These holds may be used for venipuncture and capillary collections.</p> <p>A. If collecting blood on a table, (see appendix B).</p> <ol style="list-style-type: none"> a. The parent will place one arm under the child's legs and the other arm under the head and neck for support. b. The parent will secure the child's with his/her upper body. c. One phlebotomist will immobilize the arm by gently pushing up on the elbow while holding the arm straight. d. A second phlebotomist will draw the blood after verbally confirming the child is held securely. <p>B. If collecting blood in a phlebotomy chair, (see appendix C)</p> <ol style="list-style-type: none"> a. The parent will sit in the phlebotomy chair with the child on his/her lap. b. The parent will hold the child firmly by crossing his/her arms across the chest and free arm c. The parent will wrap his/her legs around the child's legs to immobilize. d. One phlebotomist will immobilize the arm by gently pushing up on the elbow while holding the arm straight. e. A second phlebotomist will draw the blood after verbally confirming the child is held securely.

6. RELATED DOCUMENTS

- Venipuncture, Phlebotomy procedure
- Fingerstick, Phlebotomy procedure
- Heelstick, Phlebotomy procedure

7. REFERENCES

Patient Services BPT procedure, Pediatric Collection, QDPS03.STD, v2.1

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
000	6.16.2017	Header: Added WAH Section 5: Edited wording for clarity, incorporated minimization of blood volume SOP, added information about securing a child Section 6: Removed retired SOP Section 9: Added appendices Footer: Version # leading zero's dropped due to new EDCS in use as of 10/7/13.	SCodina	NCacciabeve

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9. ADDENDA AND APPENDICES

Appendix A: Maximum Blood Draw for Patients Under 14 Years

Appendix B: Cradle Hold

Appendix C: Chair Hold

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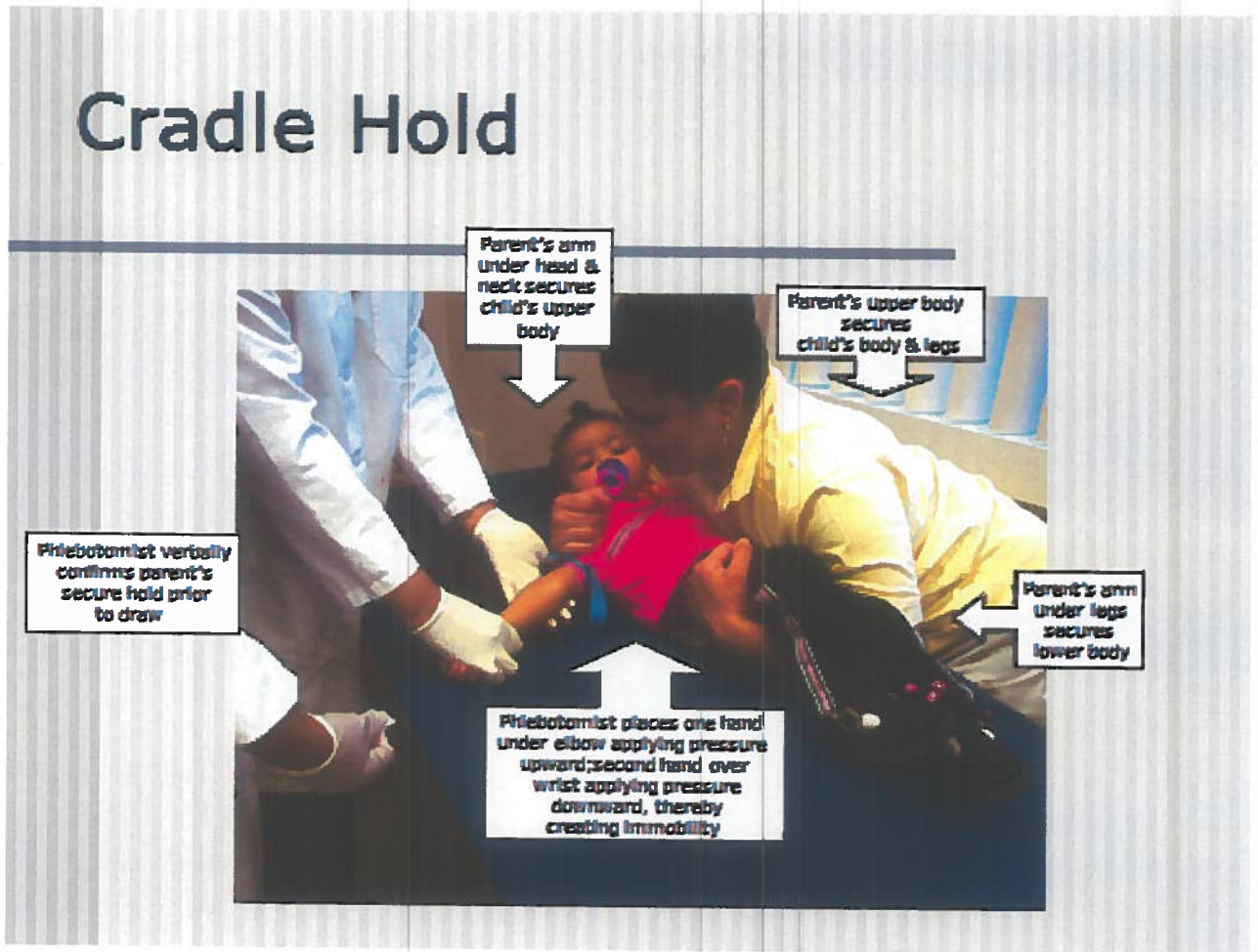
Appendix A

Maximum Blood Draw for Patients Under 14 Years

Weight (lbs)	Weight (Kg)	Maximum amount of blood to be drawn at one time	Maximum amount of blood to be drawn in one month
6-8	2.7-3.6	2.5 mL	23 mL
8-10	3.6-4.5	3.5 mL	30 mL
10-15	4.5-6.8	5 mL	40 mL
16-20	7.3-9.1	10 mL	60 mL
21-25	9.5-11.4	10 mL	70 mL
26-30	11.8-13.6	10 mL	80 mL
31-35	14.1-15.9	10 mL	100 mL
36-40	16.4-18.2	10 mL	130 mL
41-45	18.6-20.5	20 mL	140 mL
46-50	20.9-22.7	20 mL	160 mL
51-55	23.2-25.0	20 mL	180 mL
56-60	25.5-27.3	20 mL	200 mL
61-65	27.7-29.5	25 mL	220 mL
66-70	30.0-31.8	30 mL	240 mL
71-75	32.3-34.1	30 mL	250 mL
76-80	34.5-36.4	30 mL	270 mL
81-85	36.8-38.6	30 mL	290 mL
86-90	39.1-40.9	30 mL	310 mL
91-95	41.4-43.2	30 mL	330 mL
96-100	43.6-45.5	30 mL	350 mL

Appendix B

Cradle Hold



Appendix C

Chair Hold

Drawing Chair- Away from parent

