TRAINING UPDATE

Lab Location:

SGMC and WAH

Date Implemented:

7.19.19

Department:

Phlebotomy

Due Date:

7.31.19

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:	
Sorting Collection Labels	
Description of change(s):	

When printing labels for phlebotomy collections, specifically am run, you must visually inspect the labels to ensure they are printed correctly BEFORE dividing them.

We have seen some issues where the labels were not aligned properly, so the barcode and/or patient name did not print fully on the label.

If you are a phlebotomist, you must verify and reprint the label BEFORE sending the sample to processing.

Non-Technical SOP

Title	Sorting Collection Labels	
Prepared by	Samson Khandagale	Date: 6/8/2009
Owner	Stephanie Codina	Date: 8/9/2017

Print Name and Title	Signature	Date
Refer to the electronic signature page for approval and approval dates.		
Local Issue Date:	Local Effective Date:	

Review:			
Print Name	Signature	Date	

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1. PURPOSE

To outline the process of separating collection labels by patient and to maintain a proper record of workload performed by each phlebotomist on shift.

2. SCOPE

All phlebotomists must understand and adhere to this procedure for sorting collection labels and documenting workload and butterfly use.

3. RESPONSIBILITY

All phlebotomy staff members must understand and adhere to this procedure to sort labels, document workload, and record butterfly use.

4. **DEFINITIONS**

Set of Labels: A series of labels belonging to one patient.

5. PROCEDURE

Inpatients

Step	Action			
1	Barcode labels will print on one of the following printers at defined times based on order priority. 1. STAT label printer 2. ASAP label printer 3. Routine/Timed label printer			
2	Once printing is complete, A. Review all labels to ensure they are printed correctly (i.e., the patient name, MRN, and barcode are on the label). B. If any information is missing or formatting is incorrect, troubleshoot the printer and re-print labels.			

Step	Action			
3	Separate each set of labels according to A. Patient name and medical record number B. Patient location			
4	 A. For morning run, the group lead or representative in charge will count the labels and distribute them amongst all scheduled phlebotomists evenly and equitably. B. After morning run, the group lead or representative in charge will assign each phlebotomist to a particular hospital area. a. As labels for routine/timed and ASAP orders print, each phlebotomist is responsible for retrieving the labels for his/her assigned area. b. STAT labels will print in the processing area. The processor is responsible for notifying the phlebotomist assigned to that area or assigning another phlebotomist who is available to collect the sample. C. In addition, each phlebotomist will pull the "Unreceived Collection List" and draw or reconcile any unreceived orders for his/her assigned area at least hourly. Refer to SOP, "Unreceived Specimen List for Phlebotomist Collections." 			
5	 Each phlebotomist will arrange his/her assigned labeled according to priority. A. STAT collections must be collected within 15 minutes. B. ASAP collections must be collected within 30 minutes. C. Timed collections must be collected within 15 minutes of the requested collection time (15 minutes before the time to 15 minutes after the time). D. Routine collections must be collected within 2 hours. E. Next AM collections will be collected between 4 and 6 am. 			
6	Phlebotomists will return samples to the laboratory in a timely manner. A. STAT, ASAP, and iced (lactate and ammonia) samples must be returned to the laboratory immediately after collection. B. Routine and timed samples will be returned to the lab within 20 minutes of collection.			
7	Each phlebotomist will document each of his/her collections on the "Phlebotomy Workload and Butterfly Log." At the beginning of the shift, the phlebotomist will enter the following information at the top of the form: A. Location(s) worked (check all locations from which you drew patients during the shift) B. Name C. Date D. Number of butterflies that were issued (given to you) E. Shift start and end times			

Step	Action		
7	F. Initial to verify you obtained your vocera/pager, you logged in as		
Cont'd	required, and you ensured the battery charge is sufficient.		
	Throughout the shift as patients are drawn,		
	G. Place an aliquot (footer) label in the "sticker" area of the log sheet.		
	H. Indicate bed number of patient.		
	I. Indicate the time in and out of the patient room		
	J. Circle the appropriate response for the following:		
	a. Butterfly use (yes or no) if a butterfly needle was used		
	b. Blood culture if a blood culture was collected		
	c. Patient request if the patient requested that a butterfly needle be used		
	K. Document any notes (patient refused, patient not available, difficult stick, patient combative, etc.).		
	L. Document time used for other duties such as mandatory training, competency, staff meetings, putting away supplies, etc. to account for all time.		
	At the end of the shift,		
	M. Initial to verify that you stocked and disinfected your cart and cleared the collection log for the units to which you are assigned.		
	N. Indicate the total number of sticks performed		
	O. Indicate the total number of butterflies used.		

Outpatients

Step	Action All outpatient labels will print on the printer in the outpatient area.		
1			
2			

6. RELATED DOCUMENTS

SOP: Unreceived Specimen List for Phlebotomist Collections Form: Phlebotomy Workload and Butterfly Log (AG.F202)

7. REFERENCES

N/A

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes SOP P019.001		
000	7/23/2012	Sections 1,2,4: Add workload	S.	S.
		Section 5: Part A revised to describe process by	Khandagale	Khandagale
	ļ	priority codes and use of Log. Item B.3 added		
		service prioritization		
		Section 9: Add log		
001	7/6/16	Header: Added other site	S.	S.
		Section 5: Updated format and wording for clarity.	Khandagale	Khandagale
		Added priority collection times, added requirement	S. Codina	_
		to pull unreceived collection log	L. Barrett	
		Section 6: Moved log from section 9, added SOP		
		Footer: version # leading zero's dropped due to new		
		EDCS in use as of 10/7/13		
2	8/9/17	Section 5: Added additional instructions for	SCodina	NCacciabeve
		completing the form.		
		Section 6: Updated form		
3	7/1/19	Section 5: Added step to review labels for	LBarrett	NCacciabeve
		formatting		

9. ADDENDA AND APPENDICES

None