


### Lab Alert--Tourniquet Pilot Program

<b>Effective Date:</b>	Monday, April 3, 2023, at 7am
<b>Purpose:</b>	This pilot is being implemented in response to an event where a tourniquet was left on a patient's arm after blood draw. The patient is doing well now, but the event was serious and could have resulted in death. We are looking at ways to ensure the tourniquet is always removed from the patient after blood collection.
<b>Test Affected:</b>	All Blood Specimens
<b>New Process:</b>	<p><b>Phlebotomy:</b></p> <ol style="list-style-type: none"> <li>1. Whenever possible, place the tourniquet over the sleeve of the patient's gown. This will prevent the gown from covering the tourniquet and help ensure the tourniquet is removed following venipuncture.</li> <li>2. Verify that the tourniquet has been removed. Then place a yellow, circle sticker on the upper, left corner of the biohazard bag to indicate you verified the tourniquet was removed from the patient's arm.</li> <li>3. Do not answer your vocera when you are in a patient room.</li> </ol> <p><b>Processing:</b> Verify that there is a yellow, circle sticker in the upper left corner of every biohazard bag you receive from a WOMC patient that contains blood specimens. Exclusions = Blood drawn from patients outside of WOMC such as those drawn by Mobile Med, ACS, and Home Health draws.</p> <p>If the yellow sticker is missing:</p> <ol style="list-style-type: none"> <li>1. Contact the patient's RN or Charge RN and ask them to verify that the tourniquet has been removed.</li> <li>2. Place a patient label on the "Tourniquet Verification Pilot Program" log and document the name of the person notified, date/time of notification, and tech code.</li> </ol> 

# REMOVAL OF TOURNIQUET POST BLOOD EXTRACTION SBAR

## Situation

We had RL incidents of tourniquets left unremoved post blood extraction which resulted in patient harm.

## Background

Number of RL Incidents Per Year			
Unit	2022	2023	Total
6N MS		2	2
2N ICU	1		1
1N ED	2		2
			5

Actual Severity Level			
Harm	2022	2023	Total
None	1	2	3
Mild	2		2
Mod			
			5

## Assessment



Best Practice Procedure:

- Tie tourniquet about 3-4 inches above site, or midway between the elbow and the shoulder.
- Whenever possible, apply the tourniquet on top of the patient's gown so the gown does not cover the tourniquet.
- Include checking of patient's arm for the presence of tourniquet (*purposeful hourly rounding*).

## Recommendation



Beginning **April 3, 2023**, all disciplines will collaborate to ensure patient safety:

- Verify that the tourniquet has been removed from the patient arm. Adhere a **yellow dot sticker** to the upper left-hand corner of the biohazard bag to indicate that you have verified the tourniquet has been removed.
- Laboratory will verify the yellow dot sticker on the outside of the biohazard bag. If no sticker is seen, the **patient's RN or unit charge RN will be notified to follow up with the patient.**
- When phlebotomist can't accept the call, leave a message on Vocera.
- Immediately assess patient's arm for the presence of tourniquet when a notification from lab is received confirming the absence of the yellow dot on the biohazard bag.

Sources: WOMC Tourniquet Pilot Collecting and Labeling Blood Specimens; RL Datix

Approved by: Dr. Mabel Ankrah, DNP, MSN-RN (VP, CNO)

### Tourniquet Verification Pilot Program

Place a patient lab label on this sheet if the specimens arrive without a yellow dot sticker on the bag.

Notified: _____ Tech: _____ Date: _____ Time: _____	Notified: _____ Tech: _____ Date: _____ Time: _____
Notified: _____ Tech: _____ Date: _____ Time: _____	Notified: _____ Tech: _____ Date: _____ Time: _____
Notified: _____ Tech: _____ Date: _____ Time: _____	Notified: _____ Tech: _____ Date: _____ Time: _____
Notified: _____ Tech: _____ Date: _____ Time: _____	Notified: _____ Tech: _____ Date: _____ Time: _____

Non-Technical SOP

<b>Title</b>	<b>WOMC Venipuncture Pilot</b>	
<b>Prepared by</b>	Stephanie Codina	Date: 3/20/2023
<b>Owner</b>	Stephanie Codina	Date: 3/20/2023

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

**TABLE OF CONTENTS**

1. PURPOSE..... 1

2. SCOPE..... 1

3. RESPONSIBILITY..... 1

4. DEFINITIONS..... 1

5. PROCEDURE..... 2

6. RELATED DOCUMENTS ..... 8

7. REFERENCES ..... 8


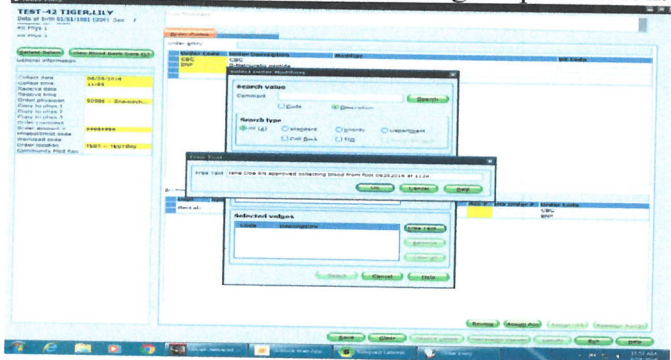
8. REVISION HISTORY..... 8

9. ADDENDA AND APPENDICES ..... 8

- 
1. **PURPOSE**  
 To describe the routine process that will be followed to collect a blood sample into evacuated tubes.
  
  2. **SCOPE**  
 All phlebotomists will understand and adhere to this procedure when collecting venous blood samples into evacuated tubes.
  
  3. **RESPONSIBILITY**  
 All staff performing phlebotomy procedures must understand and adhere to this procedure for performing venipuncture.
  
  4. **DEFINITIONS**  
 None

## 5. PROCEDURE

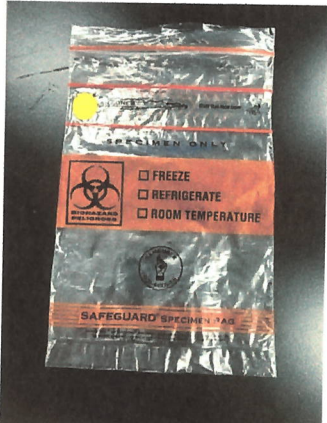
Step	Action
1	Laboratory staff members are only allowed to collect blood specimens with a valid order except in a rapid response or code situation. Refer to the patient identification and specimen labeling procedure for additional details.
2	<p>Introduce yourself to the patient using AIDET technique (Acknowledge, Introduce, Duration, Explanation, Thank you).</p> <ul style="list-style-type: none"> <li>A. Ensure the patient is awake before starting a venipuncture procedure.</li> <li>B. Ask the patient when he/she last ate if any of the testing requires a fasting specimen (fasting glucose, lipids, and when the physician requests a fasting sample in the notes). Do not collect samples that require fasting if the patient has eaten. Reschedule the collection for a later time per procedure.</li> </ul>
3	Wash hands and don latex-free gloves.
4	Identify the patient per procedure.
5	<p>After the patient has given consent for blood collection, examine the patient arm for previous venipuncture, scars, IV lines, wounds, etc. Select the proper site for venipuncture.</p> <ul style="list-style-type: none"> <li>A. Only attempt venipuncture using the antecubital vein (located on the front/opposite side of the elbow) or back of hand, forearm, or foot (permission is required to collect blood from the foot).</li> <li>B. Do not collect blood from any limb with a pink, “restricted extremity” wristband.</li> <li>C. Do not collect blood from a limb on the side of mastectomy, the wrist, dialysis devices, an artery, edematous arms, or arms in casts.</li> <li>D. <b>IV</b> <ul style="list-style-type: none"> <li>a. NEVER collect blood from an arm with a running IV.</li> <li>b. If the patient has an IV and cannot be drawn from the alternate arm, collect the sample from the arm with the IV but at a site below/distal to the IV <i>after the IV has been stopped</i>.               <ul style="list-style-type: none"> <li>i. Notify the patient’s nurse and ask him/her to stop the IV for blood collection. <b>The phlebotomist should never stop an IV.</b></li> <li>ii. Wait for at least 2 minutes after the nurse stops the IV.</li> <li>iii. Apply the tourniquet between the IV and venipuncture sites.</li> <li>iv. Collect the specimen.</li> <li>v. Notify the nurse when complete so he/she can restart the IV.</li> </ul> </li> </ul> </li> <li>E. <b>Transfusion</b>            If the patient is receiving a blood product transfusion (red cells, plasma, platelets, or cryoprecipitate):           <ul style="list-style-type: none"> <li>a. Notify the patient’s nurse and ask him/her to stop the IV for</li> </ul> </li> </ul>

Step	Action
5 (cont.)	<p>blood collection. <b>The phlebotomist should never stop an IV or transfusion.</b></p> <ol style="list-style-type: none"> <li>Wait for at least <b>5</b> minutes after the nurse stops the IV/transfusion.</li> <li>Collect the specimen.</li> <li>Notify the nurse when complete so he/she can restart the IV/transfusion.</li> </ol> <p><b>F. Foot</b>                      A phlebotomist may collect blood from the foot in adult patients with permission from the patient's nurse.</p>
	<p><b>Documentation</b>                      Collection of blood from an IV site, from a foot, or during a transfusion must be documented in two places:</p> <ol style="list-style-type: none"> <li>On the "Phlebotomy Workload and Butterfly Log"</li> <li>In the "Modifier" section of the order.                             <ol style="list-style-type: none"> <li>Access Sunquest function, "Order Entry."</li> <li>In the "Lookup by" field, select "Accession Number" from the dropdown menu.</li> <li>In the "Value" field, enter the accession number that corresponds to the test and click the "Search" button.</li> <li>Verify that the correct patient information displays, then click the "Select" button.</li> <li>Click in the "modifier" box next to the test order code. A magnifying glass picture will appear.</li> </ol> </li> </ol>  <p>Click on the picture to open the "Select Order Modifiers" box.</p> <ol style="list-style-type: none"> <li>Click the "Free Text" button.</li> <li>Enter a comment to document how the blood was collected and the name of the nurse who assisted/gave permission.</li> </ol>  <ol style="list-style-type: none"> <li>Click the "OK" button.</li> <li>Click the "Select" button.</li> <li>Click the "Save" button.</li> </ol> <p><b>Note:</b> Comments entered in the modifier field can only be seen in SmarTerm. They do not show in Sunquest GUI.</p>

Step	Action
6	<p>If the patient has an indwelling line, ask the nurse (for outpatients, contact a nurse in the infusion center) if the patient can be drawn through the line. Phlebotomy staff members are never allowed to collect blood from a line.</p> <ul style="list-style-type: none"> <li>A. If no, proceed with the procedure.</li> <li>B. If yes,               <ul style="list-style-type: none"> <li>a. Provide the patient labels and appropriate collection tubes to the nurse.</li> <li>b. Document the name of the nurse you spoke to and the time of notification.</li> <li>c. Reschedule the draw using code "RNWD" for RN will draw per lab procedure.</li> </ul> </li> </ul>
7	<p>Assemble the supplies needed for the venipuncture in the presence of the patient. Do not place supplies directly on the patient or patient's bed.</p> <ul style="list-style-type: none"> <li>A. Latex-free gloves</li> <li>B. Alcohol prep pad (70% isopropyl alcohol)</li> <li>C. 2x2 sterile gauze</li> <li>D. 21 or 22 gauge safety needle (Select the proper needle type and gauge for the patient)</li> <li>E. Single use holder (clear)</li> <li>F. Latex-free tourniquet</li> <li>G. Band-Aid or tape</li> <li>H. Collection tubes (ensure the expiration date of tubes has not been exceeded)</li> <li>I. Biohazard sharps container</li> </ul>
8	<p>Apply the tourniquet midway between the elbow and the shoulder (3-4 inches above the venipuncture site). Whenever possible, place the tourniquet over the patient's gown or sleeve.</p> <ul style="list-style-type: none"> <li>A. Ask the patient to close his/her hand gently; do not allow the patient to pump the hand.</li> <li>B. Place the patient's arm in a downward position to prevent reflux or backflow from the tube into the vein.</li> <li>C. Remove the tourniquet if there will be any delay in performing the following steps. Reapply the tourniquet when the venipuncture procedure will commence.</li> </ul>
9	<p>Gently palpate or feel for the vein. Note the location and direction of the vein.</p>
10	<p>Clean the venipuncture area using a 70% isopropyl alcohol swab. <b>Do not use alcohol to clean the venipuncture site if collecting a sample for alcohol.</b></p> <ul style="list-style-type: none"> <li>A. Begin at the venipuncture site and rub outward in concentric circles.</li> <li>B. Allow the alcohol to air dry completely before proceeding to avoid hemolysis of the red blood cells.</li> <li>C. Use the same technique to perform a second scrub if the arm was dirty or the site does not visually appear to be clean.</li> </ul> <p>If drawing an alcohol test, cleanse the arm using a tincture of iodine or chlorhexidine gluconate prep.</p>

Step	Action
11	<p>Puncture the patient's vein.</p> <ul style="list-style-type: none"> <li>A. Activate the eclipse needle by moving the safety shield upward to expose the needle.</li> <li>B. Orient the needle so the bevel is facing upward.</li> <li>C. Hold the skin taut with the non-dominant hand.</li> <li>D. Align the needle with the vein. Always hold the needle assembly in the dominant hand.</li> <li>E. Insert the needle at a 15 to 30 degree angle with the skin.</li> <li>F. Release the skin (let go with the non-dominant hand).</li> <li>G. Never reuse a needle.</li> </ul> <p>Refer to the "Unobtainable Specimen" section of this procedure if you are unable to successfully complete the venipuncture procedure.</p>
12	<p>Fill the blood collection tubes.</p> <ul style="list-style-type: none"> <li>A. While holding the needle assembly in the patient's vein, push the proper tube forward into the assembly until the needle punctures the stopper. Follow the "Order of Draw" table to determine the order of collection.</li> <li>B. Allow the evacuated tube to fill to the appropriate volume.</li> <li>C. Remove the tube when full.</li> <li>D. Repeat steps A-C until all required tubes have been filled.</li> </ul>
13	<p>Release the tourniquet and instruct the patient to open his/her hand before the last tube is filled.</p>
14	<p>Place gauze above the puncture site and remove the needle.</p> <ul style="list-style-type: none"> <li>A. Apply pressure to the gauze with your non-dominant hand as soon as the needle is removed.</li> <li>B. Do not put pressure on the gauze while the needle is in the patient's vein.</li> </ul>
15	<p>Immediately activate the needle safety assembly with your dominant hand. A click will sound when the safety assembly is secure. Immediately discard the needle into a biohazard sharps container.</p>
16	<p>Continue to hold pressure on the venipuncture site for 3-5 minutes or until bleeding completely stops. The patient can assist with this task if he/she is able.</p>
17	<p>Cover the venipuncture site with gauze and tape or a Band-Aid after the bleeding has stopped.</p>
18	<p>Properly label the tube per procedure.</p>
19	<p>Recheck the tube labeling by comparing the name and MRN on each tube to the name and MRN on the patient's wristband.</p>



Step	Action
20	Place the specimens in a biohazard bag and seal. A. Do not put more than one patient's specimens in a bag. B. Never transport specimens that are not contained in a biohazard bag.
21	Verify that the tourniquet has been removed from the patient arm. Place a yellow, circle sticker on the upper, left corner of the biohazard bag to indicate you verified the tourniquet has been removed.  
22	Clean the work area by discarding all used materials in the appropriate waste container. Do not leave any trash behind.
23	Thank the patient and wish him/her a good day.
24	Wash your hands and proceed to the next assignment.
25	Deliver the specimens to the laboratory via hand-delivery or pneumatic tube.

**Adverse Reactions**

Follow these steps if an inpatient experiences an adverse reaction during the venipuncture process.

Follow the procedure, "Outpatient Emergency Assistance" if an outpatient experiences an adverse reaction during the venipuncture process.

Step	Action
1	Immediately discontinue the venipuncture procedure. A. Remove the needle and activate the safety shield. B. Remove the tourniquet. C. Apply a bandage to the site. D. Discard the needle in the biohazard sharps container.
2	Press the nurse call button and explain that the patient is having an adverse reaction to the procedure. Do not leave the bedside until a nurse arrives.

Step	Action
3	Answer any questions that the patient poses and assist the nurse as needed.
4	Ask the nurse when you can return to complete the procedure and document the nurse's name.
5	Document the adverse reaction on a Quality Variance form.
6	Reschedule the draw per procedure using code "NOTP" for "test not performed." Refer to procedure, "Rescheduling Blood Draws."
7	Return to redraw the patient at the rescheduled time. Check with the nurse before proceeding with the blood collection.

### Unobtainable Specimens

Step	Action
1	If a phlebotomist is not successful in obtaining a blood specimen after one venipuncture stick, he/she may attempt to collect the sample one additional time. Do not attempt the patient more than twice.
2	If the phlebotomist is not successful after the second stick, he/she will: <ul style="list-style-type: none"> <li>A. Notify the nurse that he/she was unable to obtain the specimen and another phlebotomist will return.</li> <li>B. Notify the supervisor, group lead, or field ops representative in charge to assign another phlebotomist.</li> <li>C. A second phlebotomist will be sent immediately for Timed, ASAP, or STAT collections and for the following tests:                         <ul style="list-style-type: none"> <li>a. Lactate (LACT)</li> <li>b. Troponin (TROPI1 or CIEP4)</li> <li>c. aPTT (PTT1)</li> </ul> </li> <li>D. For routine collections of other tests, the collection time will be rescheduled for the next hour.</li> </ul>
3	If a second phlebotomist is unable to collect the specimen after 2 attempts, he/she will: <ul style="list-style-type: none"> <li>A. Notify the nurse and request that the hospitalist be contacted to obtain the required specimen.</li> <li>B. Give the patient labels and appropriate collection tubes to the nurse.</li> <li>C. Reschedule the collection per the instructions above.</li> </ul>

**Safety Notes:**

**A Phlebotomist must NEVER ...**

- Attempt a venipuncture on a patient that is standing or walking.
- Mix blood from one tube into another tube.
- Store or carry specimens in the pocket of a lab coat.
- Allow transporters or other hospital staff to deliver lab-collected specimens to the laboratory without prior approval from a supervisor or group lead.
- Discuss reports or results with any patient.
- Use any phlebotomy equipment that has not been supplied by the laboratory on any patient.
- Accept a blood specimen from a nurse or provider in a syringe that contains a needle. Request that the collector detach and discard the needle before handing over the syringe.

**6. RELATED DOCUMENTS**

- SOP: Patient Identification and Specimen Labeling
- SOP: Rescheduling Draws
- SOP: Outpatient Emergency Assistance
- SOP: Type and Screen Specimen Collection and Labeling
- Order of Blood Draw Chart (AG.F218)

**7. REFERENCES**

CLSI (NCCLS) Document GP41-A6, Vol.27, No.26, Procedures for the Collection of Diagnostic Blood Specimens by Venipuncture; Approved Standards 6th Edition, 2007

**8. REVISION HISTORY**

Version	Date	Reason for Revision	Revised By	Approved By

**9. ADDENDA AND APPENDICES**

None

Non-Technical SOP

<b>Title</b>	<b>WOMC Specimen Receipt and Processing Pilot</b>	
<b>Prepared by</b>	Stephanie Codina	Date: 3/20/2023
<b>Owner</b>	Stephanie Codina	Date: 10/19/2023

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

**TABLE OF CONTENTS**

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

**1. PURPOSE**

This procedure describes the process for receiving specimens in the laboratory.

**2. SCOPE**

All specimens that arrive in the laboratory will be received and processed for testing.


**3. RESPONSIBILITY**

All laboratory staff members must understand and adhere to this procedure when receiving and processing specimens for testing.

**4. DEFINITIONS**

**Irreplaceable specimen** – a specimen obtained by invasive means that is not easily obtained or replaced, i.e. CSF, body cavity fluids, fine needle aspirations, surgical biopsies, etc.

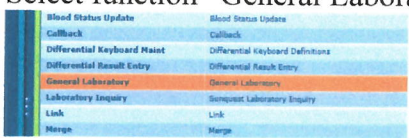
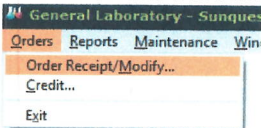
## 5. PROCEDURE

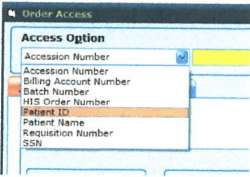
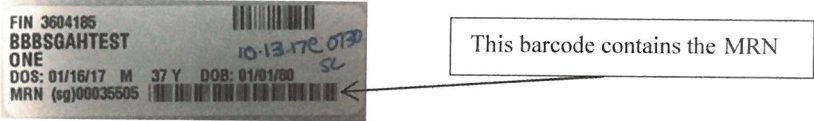
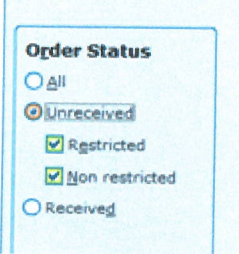
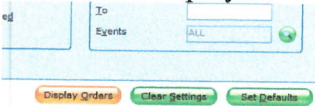
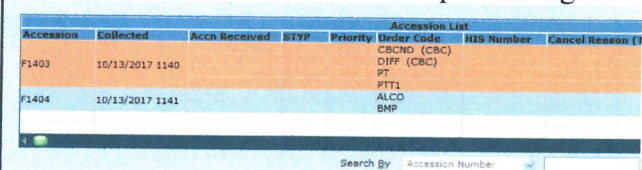
Step	Action
1	Specimens will be transported to the laboratory in person (lab/hospital staff) or via pneumatic tube station. Specimens dropped off in the laboratory by non-laboratory personnel must be properly recorded on the specimen receipt log.
2	Specimens will be processed in the order in which they arrive (specimens delivered first will be processed first) and they will be prioritized as follows: A. Specimens on ice B. Irreplaceable specimens (such as body fluids) C. Green biohazard bags D. Purple biohazard bags E. Red or orange bags F. Stat and timed specimens G. Routine specimens
	Verify that there is a yellow dot sticker in the upper, left corner of the biohazard bag. If the yellow sticker is missing, contact the patient's RN or charge RN immediately and ask them to verify the tourniquet was removed from the patient. Please a patient label on the log each time the yellow sticker is missing. 

Step	Action
3	<p>Verify the specimen is labeled properly. Each specimen must include the following:</p> <ul style="list-style-type: none"> <li>A. Patient's full name</li> <li>B. Patient's medical record number               <ul style="list-style-type: none"> <li>a. FIN may be used during periods of computer downtime for registered patients</li> <li>b. Birthdate may be used for patients whose specimens were collected at outside locations such as Mercy Health, MobileMed, etc.</li> </ul> </li> <li>C. Date and time of collection</li> <li>D. Collector's initials or identification</li> </ul> <p>Forward all blood bank specimens to blood bank for review. Blood bank staff will check labeling and adequacy.</p> <p>The specimen will be rejected if the name and/or medical record number is incorrect or absent. Ensure you receive the specimen, cancel the specimen, then reorder the specimen.</p> <p>The collector may come to the laboratory to fix specimens with missing or incorrect collection date/time and/or collector's initials.</p> <p>The laboratory will not return any specimens to the floor for any reason once received. All edits to specimen labels must be completed in the confines of the laboratory.</p>
4	<p>Verify that the specimen submitted meets the requirements for testing. Characteristics that should be considered when evaluating the adequacy of a specimen include, but are not limited to, the following.</p> <ul style="list-style-type: none"> <li>A. Specimen container is within the manufacturer's expiration date. Verify only if visible; do not remove labels to verify expiration date.</li> <li>B. Correct specimen container</li> <li>C. Correct anticoagulant for blood tubes</li> <li>D. Adequate specimen volume</li> <li>E. Timely specimen delivery (as outlined by the stability standards for the requested test(s)).</li> <li>F. Accurate blood-to-anticoagulant ratio as indicated by the collection tube and test requirements</li> <li>G. Adequate visual inspection of the tube/container.               <ul style="list-style-type: none"> <li>a. Specimen does not appear to be contaminated.</li> <li>b. Specimen is not leaking.</li> <li>c. Visual clots are not seen.</li> <li>d. Gross hemolysis is not seen.</li> </ul> </li> <li>H. Accurate correlation of specimen collection time when timed specimens are collected.</li> <li>I. The test code ordered should match the specimen type. Edit orders that correspond to the incorrect specimen type.</li> </ul>

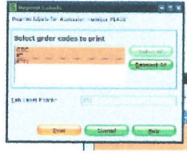
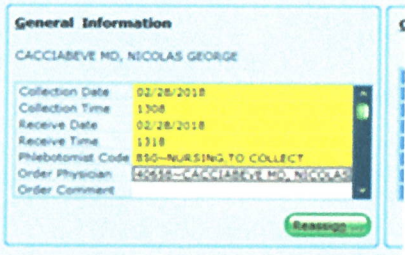
Step	Action
	<p>J. During periods of computer downtime, paper requisitions must be completely and accurately filled out. Information on the requisition must match information on the specimen label.</p> <p>Cancel a specimen that is not adequate for testing per procedure.</p>
5	<p>Receive specimens in Sunquest per one of the below procedures. Keep in mind the following:</p> <ul style="list-style-type: none"> <li>A. Each accession number should contain only one specimen type (blood, urine, stool, etc.).</li> <li>B. Miscellaneous tests require extra handling. Refer to the procedure.</li> <li>C. Specimens received without orders should be documented per procedure. Extra tube orders should be placed for EVERY specimen received without orders.</li> <li>D. Each microbiology specimen should be on its own accession number. Edit specimens that overlap accession numbers by receiving one specimen then cancelling and reordering the other tests on new accession numbers.</li> <li>E. Microbiology specimens cannot have the same collect time or results will not post to Cerner. Separate the collect times by 1 minute in Sunquest if more than one specimen is received with the same collect time.</li> </ul>
6	Relabel tubes with laboratory labels as needed per procedure.
7	<p>Separate and deliver specimens to the appropriate section of the laboratory.</p> <ul style="list-style-type: none"> <li>A. Specimens that require centrifugation should be placed into the centrifuge.                             <ul style="list-style-type: none"> <li>a. Chemistry, send out, and extra specimens are placed in the centrifuges between processing and chemistry.</li> <li>b. Coagulation specimens are centrifuged in the coag area.</li> </ul> </li> <li>B. Blood bank armbands should be delivered to blood bank with specimens.</li> <li>C. If aliquot labels print during receipt, bring the aliquot label to the bench with the specimens.</li> </ul>

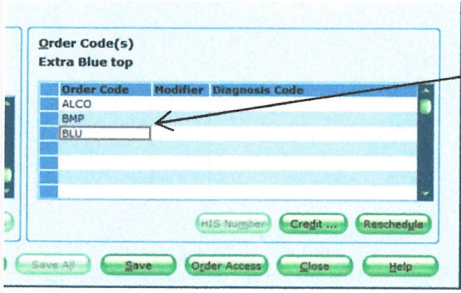
**Receiving Specimens in Sunquest**

Step	Action
1	Access Sunquest GUI.
2	<p>Select function "General Laboratory."</p> 
3	<p>Select "Order Receipt/Modify" from the dropdown menu in the upper, left-hand corner of the screen.</p> 

Step	Action
4	<p>If the specimen is not labeled with a lab label,</p> <p>A. Select "Patient ID" from the Access Option dropdown menu.</p>  <p>B. In the yellow box, enter the medical record number from the tube then click the "Get Orders" box. You may also scan the MRN from the Cerner patient label.</p> 
5	<p>In the "Order Status" area, click the "Unreceived" radial button.</p> 
6	<p>Click the "Display Orders" button.</p> 
7	<p>The order codes pending for the patient will appear at the top of the screen. Click on the accession that corresponds to the specimen you would like to receive.</p> <p>A. You can only receive one accession at a time.</p> <p>B. Ensure you have received all tubes required to complete testing on the accession number. If you are missing a tube or cannot complete the testing, cancel that particular test and reorder per procedure.</p> <ol style="list-style-type: none"> <li>Do not receive testing for which you do not have a specimen.</li> <li>Do not reschedule a test in processing.</li> </ol> 
8	<p>Print a lab label if indicated. Print the label <i>prior</i> to receiving the specimen.</p> <ol style="list-style-type: none"> <li>Click the "Reprint Labels" button.</li> <li>All orders on the accession will display.</li> <li>Highlight the orders for which you need a label or click "select all."</li> <li>Click the "Print" button.</li> </ol>



Step	Action
	<p>E. The labels will print.</p> 
9	<p>At the “Collection date” prompt, type the date the specimen was collected from the tube. <b>Pay special attention to this field if the sample was collected around midnight. If a sample was ordered before midnight and collected after midnight, the date will be incorrect and nursing/provider staff will not be able to see results.</b></p> 
10	<p>At the “Collection time” prompt, type the time the specimen was collected from the tube.</p> <p><b>Note:</b> If more than one microbiology sample is received with the same collect date and time, separate the collect times by 1 minute. Microbiology results will not cross into the patient’s electronic medical record if we duplicate collection date and time.</p>
11	<p>At the “Received date” press the “tab” key to default the current date or type a date in the field.</p>
12	<p>At the “Received time” press the “tab” key to default the current time or type a time in the field.</p>
13	<p>At the “Phlebotomist’s code” prompt, enter one of the following.</p> <ol style="list-style-type: none"> <li>A. Type the tech ID if a phlebotomist collected the specimen.</li> <li>B. Enter the employee ID if an ED tech/RN collected the specimen.</li> <li>C. Enter “850” for nurse collect.</li> <li>D. Enter “855” for Mobile Med collect.</li> <li>E. Enter “860” for ED collect. Note: Only use this if the specimen does not contain the employee ID.</li> <li>F. Enter “865” for Mercy Health collect.</li> <li>G. Enter “870” for physician collect.</li> <li>H. Enter “880” for patient collect (such as urine).</li> <li>I. Enter “885” if an ED tech/RN wrote his/her employee ID on the tube but Sunquest is not accepting the number.</li> <li>J. Enter “905” for autotransfusion samples.</li> </ol>

Step	Action
14	<p>If extra tubes are received, order barcodes for them by entering the mnemonic in the “Order code” area.</p> 
15	<p>Review the accuracy of the information and correct as necessary. Then, press the “Save” button.</p>
16	<p>Additional information is required for some tests. A pop-up screen will appear with prompts. The mnemonic will appear in yellow and the test definition will appear in the “Test” area below. Answer the prompts per procedure. Then, click the “Save” button.</p> <ul style="list-style-type: none"> <li>A. Microbiology specimens will require that a source is entered.       <ul style="list-style-type: none"> <li>a. Sunquest will prompt, “SDES.” At the “SDES” prompt, verify that the source listed in the LIS matches the source listed on the specimen.           <ul style="list-style-type: none"> <li>i. If the source matches, proceed with receiving the order.</li> <li>ii. If the source does not match, modify the source in the LIS to match the source on the specimen.               <ul style="list-style-type: none"> <li>1. Acceptable source codes may be found by typing a left bracket "[" followed by a few letters that describe the source. <i>Example:</i> "[nasal" will give the source code "NP"</li> <li>2. Use a hyphen to add further descriptions <i>Example:</i> FOOT-RT for right foot</li> </ul> </li> </ul> </li> <li>b. Sunquest may also prompt the “SREQ” special request field. This field will autofill as “HIDE.” Do not use this field.</li> </ul> </li> <li>B. Blood bank type and screen specimens require that an armband number is entered. Sunquest will prompt, “RN.” Enter through this prompt; blood bank staff will enter the armband number.</li> </ul> <p><b>Note:</b> Predefined English text codes (ETC) should be entered directly into the field and free-text results require a semi-colon “;” before the entry. <b>Do not enter a semi-colon before an ETC.</b></p>

Step	Action

**6. RELATED DOCUMENTS**

- Specimen Acceptability Requirements
- Cancelling Tests or Orders
- Miscellaneous Test Ordering
- Specimens without Orders
- Specimens without Orders Log (AG.F318)
- Laboratory Specimen Receipt Log (AG.F323)
- Specimen Labeling (Secondary)

**7. REFERENCES**

Laboratory for Windows User's Guide for Sunquest Laboratory, Software Version 7.1

**8. REVISION HISTORY**

Version	Date	Reason for Revision	Revised By	Approved By

**9. ADDENDA AND APPENDICES**

None