



### TRAINING UPDATE

**Lab Location:** FWMC,SGMC, WOMC  
**Department:** Phlebotomy

**Date Distributed:** 032924  
**Due Date:** 041524  
**Implementation:** **Immediately**

#### DESCRIPTION OF PROCEDURE REVISION

<b>Name of procedure:</b>
AHC.P09 Venipuncture
<b>Description of change(s):</b>
<p>1. Added to the Venipuncture SOP:</p> <p>Patient Bed Adjustments and alarms.</p> <p>a. <b>NEVER turn off a bed alarm.</b> The patient is a fall risk and <b>only nursing is permitted to deactivate</b> a bed alarm. Upon completion of the procedure contact nursing to reactivate the bed alarm.</p> <p>b. When adjusting patient beds always <b>ensure the bed is at the lowest height setting and safety rails are up when leaving the patient room</b></p> <p>2. Added to the Basic Phlebotomy Training Verification</p> <p>Collects a blood specimen using proper venipuncture techniques.</p> <p>A. Utilizes proper phlebotomy collection equipment.</p> <p>B. Reserves the use of butterfly needles to appropriate patient selection (Example: extremely difficult, combative, or unpredictable patients).</p> <p>C. Utilizes proper phlebotomy techniques.</p>

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

Non-Technical SOP

<b>Title</b>	<b>Venipuncture</b>	
<b>Prepared by</b>	Samson Khandagale	Date: 5/15/2009
<b>Owner</b>	Stephanie Codina	Date: 12/7/2018

<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>		
Local Issue Date:		Local Effective Date:

**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.....	9

**1. PURPOSE**

To describe the routine process that will be followed to collect a blood sample into evacuated tubes.

**2. SCOPE**

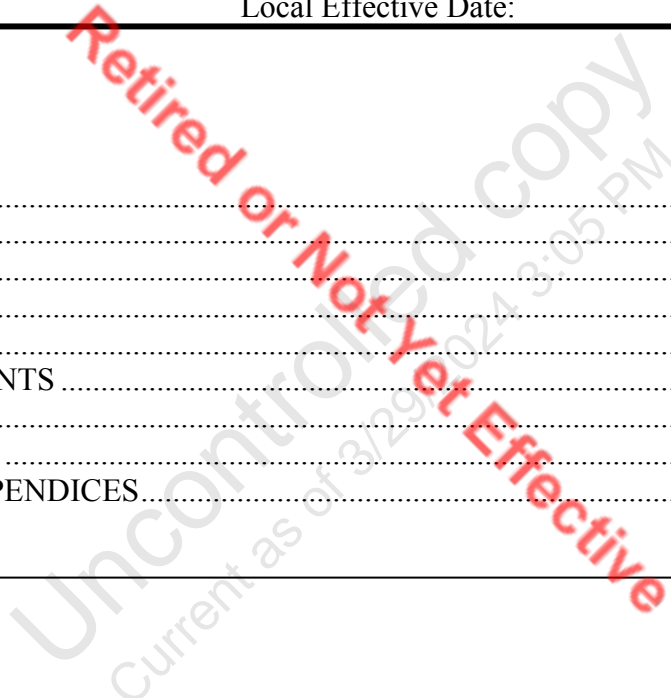
All phlebotomists will understand and adhere to this procedure when collecting venous blood samples into evacuated tubes.

**3. RESPONSIBILITY**

All staff performing phlebotomy procedures must understand and adhere to this procedure for performing venipuncture.

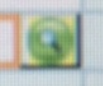
**4. DEFINITIONS**

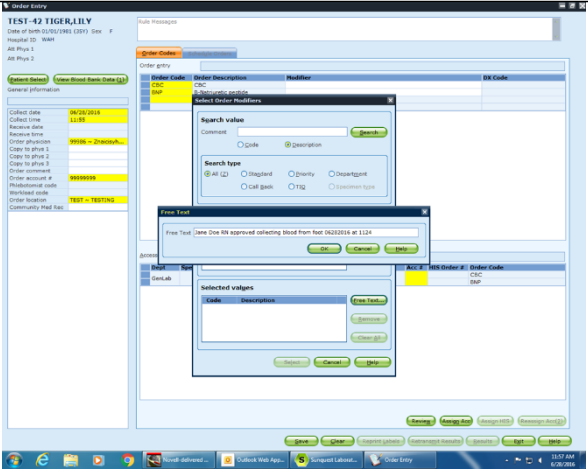

None




## 5. PROCEDURE

Step	Action
1	Laboratory staff members are only allowed to collect blood specimens with a valid order. Refer to the patient identification and specimen labeling procedure for additional details.
2	Introduce yourself to the patient using AIDET technique (Acknowledge, Introduce, Duration, Explanation, Thank you). <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	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. <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. Patient Bed Adjustments and <b>alarms</b>.                             <ul style="list-style-type: none"> <li>a. <b>NEVER turn off a bed alarm.</b> The patient is a fall risk and only nursing is permitted to deactivate a bed alarm. Upon completion of the procedure contact nursing to reactivate the bed alarm.</li> <li>b. When adjusting patient beds always ensure the bed is at the lowest height setting and safety rails are up when leaving the patient room.</li> </ul> </li> <li>E. <b>Patients with IV</b> <ul style="list-style-type: none"> <li>a. <b>NEVER collect blood from an arm with a running IV.</b></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 <b>after the IV has been stopped</b>.                                     <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</b></li> </ul> </li> </ul> </li> </ul>

Step	Action
	<p style="text-align: center;"><b>stop an IV.</b></p> <ul style="list-style-type: none"> <li>ii. Wait for at least <b>2</b> 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> <p><b>F. Transfusion</b>                      If the patient is receiving a blood product transfusion (red cells, plasma, platelets, or cryoprecipitate):</p> <ul style="list-style-type: none"> <li>a. Notify the patient’s nurse and ask him/her to stop the IV for blood collection. <b>The phlebotomist should never stop an IV or transfusion.</b></li> <li>b. Wait for at least <b>5</b> minutes after the nurse stops the IV/transfusion.</li> <li>c. Collect the specimen.</li> <li>d. Notify the nurse when complete so he/she can restart the IV/transfusion.</li> </ul> <p><b>G. 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> <ul style="list-style-type: none"> <li>A. On the “Phlebotomy Workload and Butterfly Log”</li> <li>B. In the “Modifier” section of the order.                             <ul style="list-style-type: none"> <li>a. Access Sunquest function, “Order Entry.”</li> <li>b. In the “Lookup by” field, select “Accession Number” from the dropdown menu.</li> <li>c. In the “Value” field, enter the accession number that corresponds to the test and click the “Search” button.</li> <li>d. Verify that the correct patient information displays, then click the “Select” button.</li> <li>e. Click in the “modifier” box next to the test order code. A magnifying glass picture will appear.</li> </ul> </li> </ul> <div style="text-align: center;">  </div> <ul style="list-style-type: none"> <li>f. Click on the picture to open the “Select Order Modifiers” box.</li> <li>f. Click the “Free Text” button.</li> <li>g. Enter a comment to document how the blood was collected and the name of the nurse who assisted/gave permission.</li> </ul>

Step	Action
	 <p>h. Click the “OK” button.</p> <p>i. Click the “Select” button.</p> <p>j. Click the “Save” button.</p> <p><b>Note:</b> Comments entered in the modifier field can only be seen in SmarTerm. They do not show in Sunquest GUI.</p>
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.</p> <ol style="list-style-type: none"> <li>A. If no, proceed with the procedure.</li> <li>B. If yes,             <ol 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> </ol> </li> </ol>
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> <ol 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> </ol>
<p> <b>Start critical process.</b>  <b>Do not accept Vocera calls and avoid interruptions while collecting blood.</b></p>	

Step	Action
8	Apply the tourniquet midway between the elbow and the shoulder (3-4 inches above the venipuncture site). <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. The tourniquet should be left on the arm for the shortest time possible.</li> </ul>
9	Gently palpate or feel for the vein. Note the location and direction of the vein.
10	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> <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> If drawing an alcohol test, cleanse the arm using a tincture of iodine or chlorhexidine gluconate prep.
11	Puncture the patient’s vein. <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> Refer to the “Unobtainable Specimen” section of this procedure if you are unable to successfully complete the venipuncture procedure.
12	Fill the blood collection tubes. <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> </ul>

Step	Action
	D. Repeat steps A-C until all required tubes have been filled.
13	Release the tourniquet and instruct the patient to open his/her hand before the last tube is filled.
14	Place gauze above the puncture site and remove the needle. A. Apply pressure to the gauze with your non-dominant hand as soon as the needle is removed. B. Do not put pressure on the gauze while the needle is in the patient's vein.
15	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.
16	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.
17	Cover the venipuncture site with gauze and tape or a Band-Aid after the bleeding has stopped.
18	Properly label the tube per procedure.
19	Recheck the tube labeling by comparing the name and MRN on each tube to the name and MRN on the patient's wristband.
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.
 <b>End critical process.</b>	
21	Clean the work area by discarding all used materials in the appropriate waste container. Do not leave any trash behind.
22	Thank the patient and wish him/her a good day.
23	Wash your hands and proceed to the next assignment.
24	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.
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.
Step	Action
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: A. Notify the nurse that he/she was unable to obtain the specimen and another phlebotomist will return. B. Notify the supervisor, group lead, or field ops representative in charge to assign another phlebotomist. C. A second phlebotomist will be sent immediately for Timed, ASAP, or STAT collections and for the following tests: a. Lactate (LACT) b. Troponin (TROPI1 or CIEP4) c. aPTT (PTT1) D. For routine collections of other tests, the collection time will be rescheduled for the next hour.
3	If a second phlebotomist is unable to collect the specimen after 2 attempts, he/she will:



	<p>A. Notify the nurse and request that the hospitalist be contacted to obtain the required specimen.</p> <p>B. Give the patient labels and appropriate collection tubes to the nurse.</p> <p>C. Reschedule the collection per the instructions above.</p>
--	--

**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
		Supersedes SOP P002.001		
000	8/14/2013	Section 5: added steps if adverse reaction occurs, remove multiple tube collection table, add reference to order of draw chart, remove process for unobtainable specimen and add reference to SOP Section 6: add order of draw chart and SOPs	S Khandagale	S Khandagale

001	10/9/2014	Section 5: add steps for collection with IV line Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13	L Barrett	S Khandagale
2	7/10/16	Header: Added WAH Section 5: Added requirement to have a valid order prior to phlebotomy. Added instruction for blood collection during transfusion. Updated format and wording for clarity. Section 6: Added LIS labeling document	SCodina	NCacciabeve
3	5/1/17	Section 5: Added instructions for indwelling catheters and unobtainable specimens. Updated safety notes Section 6: Removed LIS labeling document, updated SOP list	SCodina	NCacciabeve
4	8/8/17	Section 5: Added statement to not clean site with alcohol when drawing alcohol; added requirement to fill out a QV form for all adverse reactions	SCodina	NCacciabeve
5	12/7/18	Updated owner; Section 5: Added reference to the pink armband for restricted extremities. Added a clarifier that the phlebotomist should never draw blood from an arm with a running IV.	SCodina	NCacciabeve
6	4/27/23	Added critical steps and notation not to accept vocera calls while performing venipuncture.	SCodina	NCacciabeve
7	1/25/24	Header: Changed WAH to WOMC and added FWMC Footer: Changed SOP prefix to AHC	SCodina	NCacciabeve
8	3/29/24	Section 5: Added info about bed alarms and bed adjustments	R SanLuis	NCacciabeve

**9. ADDENDA AND APPENDICES**

None