**PCC.PHLEB.2.0 VENIPUNCTURE-SYRINGE**

**PURPOSE**

The quality and value of a laboratory test result begins with the quality of the specimen. This SOP details the process required to safely obtain a quality venous blood specimen through venipuncture with a syringe.

**SCOPE**

This SOP applies to all MACL Patient Care Centers.

**OWNERS**

QA and Safety Officer

PCC Supervisors

**RELATED POLICIES AND PROCEDURES**

QA.SPEC.1.0 *Specimen Collection—Verification of Patient Identification*

PCC.SPCOL.1.0 *Identification of Patients and Specimens*

**EQUIPMENT**

A. Disposable syringe

B. Disposable needle for syringe or safety butterfly needle

C. Evacuated tube(s)

D. Tourniquet

E. 70% isopropyl alcohol swab

F. Gauze (2” x 2” or 4”x4”)

G. Adhesive coverage

H. Sharps container

I. Gloves

**PROCEDURE**

A. Body substance precautions and safety procedures are to be followed with all patient contacts. Refer to MACL safety policies and procedures.

B. Before performing venipuncture

1. Wash hands per policy stated in SAFE.BIOHAZ.1.0 BBP Exposure Control/Infection Control Plan

a. This includes all process stated in SAFE.BIOHAZ.1.0 of handwashing, including rubbing hands together for at least 20 seconds; or, if using sanitizer, that sanitizer be used at most 5 times before handwashing is performed per policy.

1. Identify patient per PCC.SPCOL.1.0 *Identification of Patients and Specimens*
2. If a fasting specimen is required, ask the patient when he or she last ate.
3. Open the sterile syringe and needle packages. Attach the needle if necessary.
4. Prevent the plunger from sticking by pulling it halfway out and pushing it all the way back down in one movement, reseating the plunger.
5. Select the proper tube(s) to place the blood in after collection (evacuated or special glassware).
6. Apply tourniquet.

NOTE: In hospital inpatient settings, discard tourniquets after use on a patient (single use). For outpatient settings (eg, PCCs), discard tourniquets after use on no more than 3 patients or when visibly soiled. However, hospital infection control policy takes priority over this outpatient practice, so if there is a hospital requirement for single use tourniquets with both inpatients and outpatients, this practice should be followed.

1. Ask patient to close hand.
2. Select a vein, then release tourniquet. Never draw above a running IV. The only time it is permissible to draw above an IV site is when that IV has been turned off for at least 10 minutes. It is best to draw from the other arm if it does not have an IV. Foot or ankle veins may be used only after the patient’s physician has approved their use.
3. Clean venipuncture site with 70% isopropyl alcohol in concentric circles, moving outward. Allow to dry.
4. Apply gloves. Reapply tourniquet.

C. Perform venipuncture

1. While securely grasping the syringe barrel holder with one hand, use the other hand to slowly and steadily pull on the syringe plunger until blood begins to flow until the syringe barrel.

2. Ask patient to open hand.

3. Release tourniquet.

4. Continue pulling on plunger until the proper amount of blood has been collected. Then lightly place dry gauze above venipuncture site.

5. Remove needle from arm.

6. Apply pressure to the site until bleeding has stopped. Patient may assist if they are able. Pressure should be held for 2-3 minutes, possibly longer for patients on anticoagulant therapy.

7. Engage safety shield over needle. Remove needle from the syringe; dispose in sharps container. Attach blood transfer hub to the syringe and then proceed with step 8.

8. Aliquot blood into appropriate tube(s) using transfer device.

9. Allow tube(s) to fill completely. The required order of draw is:

a. Sterile—Blood culture

b. Citrate—Light blue stopper (citrate)

b. Serum—Clot tube, red stopper (non-additive)

c. Serum—Clot activator, gel tube, gold or tiger stopper (serum separator)

d*.* Heparin—Green stopper (also PST with gel)

e. EDTA—Lavender, pink, or royal blue stopper

f. Glycolytic Inhibitor—Gray stopper (fluoride)

10. As tubes with additive are filled, they must be inverted 8 to10 times.

11. Discard syringe and needle in sharps container.

12. Label all tubes with the computer label or hand label in front of the patient. All specimens must be labeled with the following:

a. Patient’s first and last name

b. Patient’s date of birth

d. Date and time collected

e. Phlebotomist’s initials

13. Apply adhesive bandage.

D. If unsuccessful in collecting blood, attempt second venipuncture using a different site if another acceptable site is found and you and the patient feel comfortable with a second attempt.

E. If second attempt is unsuccessful or either the patient or phlebotomist feels uncomfortable with a second attempt, have another phlebotomist check for an acceptable site. Once an acceptable site is found, the second phlebotomist will make the attempt.

F. If a second phlebotomist is unavailable, or if an acceptable site cannot be located, the patient should be referred another PCC site. Consider patient convenience, along with PCC site associate experience, when making a referral. If the patient is a child, refer to SOP 8.64 *Pediatric Collection* for specific referral instructions.

**REFERENCES**

A. Hoeltke, Lynn B., *The Complete Textbook of Phlebotomy,* 2nd edition, Albany, N.Y., Delmar Publishers, 2000

B. Kovanda, Beverly M., *Phlebotomy Collection Procedures for the Healthcare Provider,* Albany, N.Y., Delmar Publishers, 1998

C. Clinical and Laboratory Standards Institute (CLSI). *Procedures for the Collection of Diagnostic Blood Specimens by Venipuncture; Approved Standard—Sixth Edition.* CLSI document H3-A6. Clinical and Laboratory Standards Institute; Wayne, PA: 2007.