

Geriatric Phlebotomy #3215



Providing our elderly patients with a good phlebotomy experience can sometimes be difficult due to a number of factors. They may have fragile skin that tears with the slightest friction. Medications she may be taking can have an effect on how quickly her vein seals after the needle is removed. A geriatric patient may be confused and not understand what you are about to do, putting both you and him at risk for injury. Many senior patients do not drink enough fluids and are dehydrated when they present for their venipuncture procedure, making vein-finding difficult. Whatever the reason, extra care and time are essential for a successful venipuncture and good experience.

Many geriatric patients have trouble hearing, so how you approach them is important. You don't want to frighten them by suddenly being at their bedside standing over them. For inpatients, announce your presence by knocking on the door and speaking as you open it. Ask for permission to enter. Explain your purpose for being there and make sure they have heard you by asking them to repeat what you are there to do. "I'm (your name) from the lab and I'm here to draw a blood sample from you. Can you tell me what it is I am here to do and is that OK with you?" If the patient understands and is agreeable, then proceed with patient identification. By doing this, you will know that she has heard you and that you have her permission to either proceed or not. You may also realize your patient is confused and might need the assistance of another caregiver so that everyone remains safe. You don't want to learn the hard way by receiving a firm right hook to the jaw by a patient who did not understand you.

Not only is the skin of elderly patients more fragile, so are their veins. Age alone can cause skin and veins to be easily bruised, but many of our patients take medications that cause their skin and veins to be even more fragile. There is no reason to leave bruises on a patient as a result of venipuncture. Since a venipuncture hole in a senior citizen's vein may not close as quickly as a younger or healthier patient you must hold pressure on the venipuncture site just a bit longer, then look at the site for a few moments before bandaging it. You may be surprised to see blood continuing to ooze from the puncture site, or even the tissue start to swell with blood between the vein and skin which would mean a hematoma is forming. Unless you take the time to look, you won't know your patient is developing a terrible bruise or huge hematoma.

Skin tears are painful to the patient and compromise their first line of defense against infection, their skin. When encountering a patient with extremely fragile skin, do not apply tape or bandages directly to their skin. A gauze roll or elasticized dressing can be applied to hold gauze to the venipuncture site instead of tape. Watch your patient's skin for any adverse reaction to the alcohol being used to cleanse it prior to the venipuncture, and if a problem is observed, report it to the nurse. Other items in the patient care area can lead to torn skin: name bands, IV apparatus, restraints, rough sheets, or a binding hospital gown can all cause skin tears. If you see this, report the situation to your patient's nurse so the problem can be corrected. A good phlebotomist is also an advocate for their patient.



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A dehydrated patient of any age can result in a difficult draw, but for the elderly whose tissues are already softened with age, the challenge is even greater. If appropriate, have your patient drink a full glass of water and return in 30 minutes. A warm compress on the extremity for about fifteen minutes can help those hard to feel veins expand a bit. Have him hang his arm down below the level of the bed for several minutes if this is possible to help engorge the veins with blood.

It is important to know the approximate location of all the veins in the antecubital area and hand and how they are to be prioritized for safety. All veins are not fair game because they may lie perilously close to nerves or an artery, so knowledge of the antecubital area and the areas that are contraindicated for venipuncture is critical.

Because the veins have softened with age, you may find the veins don't spring back when palpated so you may not even be sure it is a vein. But when you know your antecubital vein anatomy, you can at least make a good educated guess. The veins of geriatric patients also

don't always provide you with that distinct "pop" that you are accustomed to when the needle passes through the vein. Go ahead and pop on the tube if you think the needle is in the vein. If no blood is filling the tube, consider the depth of the needle: Is it in too far? Is it not far enough? Adjust your needle a little farther or out a bit, based on your professional judgment of the situation. If you find yourself with a needle in the patient and have missed the vein, resist the temptation to "probe around" looking for the vein with your needle. This means don't move the needle blindly to the right and to the left hoping to find something. Each time the needle passes through the patient's tissues, the sharp bevel of the needle is cutting delicate structures which could include nerves, arteries, tendons, muscle, and other areas that could all be injured. By probing around with the needle the patient is being put at risk of excessive bruising, immediate pain, and a debilitating injury that could cause them constant pain in the extremity for the remainder of their life.

When experiencing a difficult geriatric draw, keep in mind the effect of prolonged tourniquet time on the test result. There is no point in keeping the tourniquet on too long if the results will be inaccurate and the patient treated according to inaccurate results. It's not about just getting the blood; it's about getting blood that accurately reflects the patient's physiological state. The tourniquet must not be left on for longer than one minute before the blood is obtained. If it will take more than one minute to find the vein, the tourniquet must be released for at least two minutes before reapplying the tourniquet and obtaining the sample.

There may be occasions when nothing seems to result in a successful venipuncture. Now what? Here are some other options to consider:

- If possible, rotate the arm back and forth to see if a different position helps the vein become visible or palpable.
- See if another phlebotomist can attempt the draw.
- Find out from a tech in the lab if the test you need the sample for can be run on a capillary specimen.
- Can a foot vein be used for the specimen? Based on your facility policies, you may need a physician's written consent for a venipuncture in the foot or ankle.
- Is this going to be a constant problem that might require placement of a VAD?



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Test your knowledge

1. What factors might affect whether or not a geriatric phlebotomy procedure is successful?
 - a. Patient hydration
 - b. medications the patient is taking
 - c. the phlebotomist's knowledge of antecubital anatomy
 - d. all of the above
2. How should a geriatric inpatient be approached by the phlebotomist?
 - a. Knock on the door and announce your presence.
 - b. Go into the room and get the blood as quickly as possible to avoid alarming the patient.
 - c. Make sure the patient knows your purpose for being there and get their verbal consent.
 - d. a and c
3. What measures can be taken to prevent skin tears on geriatric patients?
 - a. Remove the tape or bandage quickly to reduce pain.
 - b. Use gauze rolls or elasticized gauze instead of tape or bandages.
 - c. Look for items in the patient care area that can cause excessive friction resulting in skin tears.
 - d. b and c
4. What amount of time can a tourniquet be left on before obtaining a blood specimen to ensure accurate results.
 - a. two minutes
 - b. one minute
 - c. three minutes
 - d. five minutes
5. What differences, if any, might be encountered in regard to the feel of a geriatric patient's vein?
 - a. Veins of geriatric patients are more elastic with a pronounced bounce.
 - b. There might not be a distinct "pop" feeling when the needle enters the vein.
 - c. There are no differences in the veins of geriatric patients and the rest of the population.
 - d. a and b
6. What post-venipuncture complications might occur with geriatric patients?
 - a. excessive bleeding through the vein or skin puncture
 - b. bruising
 - c. hematomas
 - d. all of the above

Name: _____

Date: _____

Facility/Supervisor _____

Dept: _____