



TECHNICAL PROCEDURE

TITLE: VENIPUNCTURE, ADULT			
PROCEDURE NUMBER: SC004.8			
Performing site(s)	<input type="checkbox"/> SYSTEM <input checked="" type="checkbox"/> UCMC LAB / POC <input checked="" type="checkbox"/> WCH LAB / POC <input checked="" type="checkbox"/> DRAKE LAB / POC	<input checked="" type="checkbox"/> DEACONESS <input checked="" type="checkbox"/> DRAKE LTAC <input type="checkbox"/> OUTREACH <input type="checkbox"/> PATHOLOGY	<input type="checkbox"/> WEST CHESTER HEME ONC <input type="checkbox"/> STUDENT HEALTH
SITE EFFECTIVE DATE: 1/1/2015		SUPERSEDES: 5/1/2014	
WRITTEN/REVISED BY: Anthony Jackson, BA PBT (ASCP)			Date: 12/15/2014
MEDICAL DIRECTOR: signature on file			DATE: on file
MEDICAL DIRECTOR: signature on file			DATE: on file
MEDICAL DIRECTOR: signature on file			DATE: on file
Technical Director/Clinical Consultant: not applicable			Date: not applicable

BIENNIAL REVIEW (SIGNATURE/DATE)	

REVISION HISTORY (see retired versions for prior summary of changes)		
VERSION	DATE	SUMMARY OF CHANGES
SC004.4	5/1/2012	Changed to UC Health policy template. Added section IV.A.4 for collection of Drake Center Blood Bank samples. Added Venous Blood Gas collection information.
SC004.5	11/1/12	Changed to UC Health Lab logo. Associate review not required.
SC004.6	3/1/2013	Updated Blood Bank collection process for Drake and Mobile Care phlebotomy implementation.
SC004.7	5/1/2014	Changed IV stop time to "a minimum of 2 mins," from 10 mins. Removed Drake requirement to have witnessing initials on type and screen samples.
SC004.8	1/1/2015	Clarified labeling requirements to indicate that patient name does not have to be present on the label/tube provided 2 other identifiers are present.

I. Purpose:

Knowledge of the proper techniques to be used when performing a venipuncture is necessary to assure collection of a blood specimen suitable for testing with a minimum amount of trauma to the patient. Accuracy of each test performed in the laboratory is relative to the quality of the specimen.

CAUTION: All specimen material should be considered potentially hazardous and thereby handled according to practices of Universal Precautions. Use of proper personal protective equipment (i.e. Lab coats, gloves) must be used for procedures in which exposure to blood or other potentially infectious material is reasonably anticipated to occur. Sterile syringes, needles, lancets, or other blood-letting devices ("sharps") that are capable of transmitting infection are used once only, and all waste sharps are discarded in puncture-resistant containers.

II. Responsibility:

All healthcare workers performing adult venipuncture.

III. Materials: All phlebotomy supplies must be used within their expiration date and stored per manufacturer instructions.**Vacutainer method:**

Blood collection tubes
Vacutainer needle with Pre-Attached Holder
Tourniquet or Blood Pressure Cuff
Hospital approved antiseptic
Gauze pads (2 x 2)
Adhesive bandages, or paper tape
Disposable gloves
Sharps container

Winged blood collection vacutainer method:

Blood collection tubes
Vacutainer holder
Push button butterfly blood collection set
Tourniquet or Blood Pressure Cuff
Hospital approved antiseptic
Gauze pads (2 x 2)
Adhesive bandages, or paper tape
Disposable gloves
Sharps container

Syringe method:

Syringe
Push button butterfly blood collection set
Syringe transfer device
Tourniquet or Blood Pressure Cuff
Hospital approved antiseptic
Gauze pads (2 x 2)

Adhesive bandage
 Disposable gloves
 Sharps container

IV. Procedure

A. Prepare for collection.

1. Refer to *Mobile Care Phlebotomy* procedure (SC077) for specimen collection information.
2. When Mobile Care Phlebotomy is not available, use the LIS generated lab labels to verify all collection supplies necessary for the tests are available.
 - a. If the LIS generated lab labels are not available:
 - i. Print/Review the EPIC pending lab requisition or the Downtime requisition.
 - ii. Refer to requisition or your laboratory for specimen collection information.
 - iii. For patients in isolation refer to your facility's Infection Control Plan for collection guidelines.
3. Determine minimum amount of blood required for testing.

RECOMMENDED MAXIMUM ALLOWABLE TOTAL BLOOD DRAW VOLUMES (CLINICAL + RESEARCH)			
Body Wt (Kg)	Body Wt (lbs)	Total blood volume (mL)	Maximum allowable volume (mL) in one blood draw (= 2.5% of total blood volume)
1	2.2	100	2.5
2	4.4	200	5
3	6.3	240	6
4	8.8	320	8
5	11	400	10
6	13.2	480	12
7	15.4	560	14
8	17.6	640	16
9	19.8	720	18
10	22	800	20
11-15	24-33	880-1200	22-30
16-20	35-44	1280-1600	32-40
21-25	46-55	1680-2000	42-50
26-30	57-66	2080-2400	52-60
31-35	68-77	2480-2800	62-70
36-40	79-88	2880-3200	72-80
41-45	90-99	3280-3600	82-90
46-50	101-110	3680-4000	92-100
51-55	112-121	4080-4400	102-110
56-60	123-132	4480-4800	112-120
61-65	134-143	4880-5200	122-130
68-70	145-154	5280-5600	132-140
71-75	156-185	5680-6000	142-150
76-80	167-176	6080-6400	152-160
81-85	178-187	6480-6800	162-170
86-90	189-198	6880-7200	172-180
91-95	200-209	7280-7600	182-190
96-100	211-220	7680-8000	192-200

- B. Approach and identify the patient.
1. Knock on the door before entering. If the patient is in isolation, the person drawing the blood should only take the supplies needed to draw the blood into the patient's room.
 2. Introduce yourself
 3. If a physician or nurse is present, ask permission to enter the room
 4. Patient who is conscious:
 - a. Ask patient to give you their full name and date of birth.
 - b. Compare this information with the information on the request form (computer label) and the patient's identification armband. The armband must be attached to the patient.
 - c. Report any discrepancies to the patients nurse. Do not draw the patient until the discrepancy has been corrected. The patient's armband and their verbal name and date of birth must match the requisition (label) prior to drawing the patient's blood.
 - d. Psych patients may be drawn without an identification armband if a nurse attests to the identification of the patient. Follow site specific processes for documentation of this exception. This exception does not apply to blood bank specimens. An armband must be attached to a patient before any blood bank specimens can be drawn.
 5. Patient who is an adult and semiconscious, comatose, or sleeping
 - a. Sleeping patients should be awakened before drawing blood. Take special care when drawing blood on this type of patient. Anticipate any unexpected movements or jerks either while introducing the needle, or while it is in place in the arm.
 - b. If unable to identify the patient, contact the patient's nurse.
 6. Patient who is an adult, and unconscious, mentally incompetent, or does not speak the language of the blood collector
 - a. Inpatient: Reference the patient ID band. If unable to identify the patient, contact the nurse.
 - b. In the outpatient setting, verify patient identification with nurse or immediate caregiver by using two approved patient identifiers, such as name and date of birth.
 - c. Compare this information with the computer label or requisition and the patient's ID band, which must be attached to the patient. Report any discrepancies to the patients nurse. Do not draw the patient until the discrepancy has been corrected. The patient's armband and their verbal name and date of birth must match the requisition (label) prior to drawing the patient's blood.
 - d. Patients undergoing psychiatric care may be drawn without an identification armband if a nurse attests to the identification of the patient. Follow site specific processes for documentation of this exception. This exception does not apply to blood bank specimens. An armband must be attached to a patient before any blood bank specimens can be drawn.
 7. Procedure for identifying unidentified emergency patients.
 - a. All patients must be positively identified when a blood specimen is collected. The emergency department has unidentified emergency patient identification packets prepared for this purpose. All unidentified patients are registered

upon admission to the hospital using the instructions in the packet. This must be done prior to drawing any labs. Once identified with one of the unknown patient names and Medical Record numbers labs can be drawn. Once the hospital positively identifies the patient admitting will update the patient's Unknown name and DOB in the hospital information system and the laboratory information system with the patient's correct name and date of birth.

- b. In all cases, the name and permanent or temporary identification designation must be attached to the patient's body prior to collecting any lab work.
- C. Explain the procedure and ask permission to draw the specimen.
1. If the patient refuses to have their blood drawn, notify the nurse assigned to the patient.
 2. If the nurse is unable to persuade the patient to cooperate, complete a "Report of Unsuccessful Attempt to Draw blood" form (attachment A) and have the nurse sign the form. Leave a copy of the form on the unit with the lab request slips. If the nurse feels like the matter requires immediate attention, the patient's physician will be paged. The nurse will document in the patient care record.
- D. Wash your hands with soap and running water. In a setting where water is not available, alcohol based gels or liquids, hand wipes, and cleansing foams can be used. If patient has a latex allergy, hands must be washed using soap and water to ensure there is no residual latex on the collector's hands.
- E. If applicable verify that the patient is fasting. During the procedure the patient should not be eating or drinking fluids.
- F. Apply clean pair of disposable latex free vinyl or nitrile gloves.
- G. Position the patient
1. The patient should be sitting or lying down. Never attempt to draw blood on someone while they are standing.
 2. The arm you are drawing from should be extended to form a straight line from the shoulder to the wrist. You may use a prop under the elbow to aid the patient. Be careful of any recent surgeries or any physical limitations that may prevent them from extending their arm.
 3. If the patient is in physical restraints, DO NOT attempt to untie/retie the restraints.
Contact the patient's nurse for assistance if restraints need to be untied/retied to obtain a suitable venipuncture site.
- H. Select a venipuncture site
1. Whenever possible, choose an arm that does not have an IV in place to prevent fluid contamination of the specimen(s).
 2. Place the tourniquet three to four inches from where you will insert the needle.
 3. The tourniquet should be tight enough to impair venous flow, but not too tight to impede arterial flow. Make sure the tourniquet is not twisted. The tourniquet may be applied over a sleeve or cloth to improve comfort to the patient.
 4. If using a blood pressure cuff, inflate to 40mmHg.

5. Tourniquets must be discarded immediately after use.
6. To minimize hemoconcentration, do not leave the tourniquet on longer than 1 minute.
7. Choose a vein. The first place to check is the antecubital area. If unable to find a vein in the antecubital area remove the tourniquet from the upper arm then reapply it to the forearm so that veins in the dorsal side of the hand can be assessed.
 - a. Ask the patient to close their hand.
 - b. Do not ask the patient to pump their hand because vigorous hand pumping can cause hemoconcentration.
 - c. Choose the best site for the venipuncture.
 - i. Feel for the median cubital -- it is usually anchored better and produces less pain.
 - ii. Cephalic vein should be your second choice.
 - iii. Basilic vein should be used as a last resort because of proximity to the brachial artery and nerves. Before drawing from Basilic vein, locate brachial artery by feeling for a pulse. Avoid vein if pulse is located directly underneath vein.
 - iv. If none of the above veins appear to be usable, move the tourniquet to the lower part of the arm and look for a vein in the dorsal (back side) of the hand.
 - d. Areas to avoid:
 - i. sclerosed veins
 - ii. superficial veins
 - iii. areas of extensive scarring or burns
 - iv. ankles and feet (phlebotomist may draw with a written doctor's order
 - v. legs
 - vi. arteries - blood gases only (radial, brachial, femoral)
 - vii. indwelling lines (only RN's, RT's, or physicians are permitted to perform line draws)
 - viii. volar (inner) surface of the wrist
 - ix. above the anticubital fossa
 - x. fistulas/Grafts
8. Alternate Sites of Blood Collection:
 - a. Collecting blood below an IV:

Blood can only be drawn below an IV after the IV has been turned off for a minimum of 2 minutes. To draw blood from below an IV:

 - 1) Ask the patient's nurse to turn off the IV for a minimum of 2 minutes
 - 2) Collect the specimen.
 - 3) Notify the patient's nurse that the labs are drawn so that the IV can be restarted.
 - 4) Blood tubes should be labeled "Drawn below IV".
 - 5) Document a reportable test comment in Horizon using MCP before choosing the Submit icon: use coded comment \BIV (collected below IV, off 2 minutes)
 - b. Collecting blood proximal (above) an IV:

In general, collection proximal to (above) an IV is not recommended and should only be attempted when other alternatives have been exhausted as determined by the Physician or RN. To draw blood above the IV appropriate

precautions must be taken.

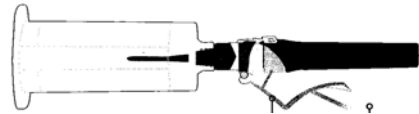
Note: Blood can only be drawn from an arm proximal (above) an IV when the physician gives permission. The IV must be turned off for a minimum of 2 minutes.

- 1) Ask the patient's nurse to turn off the IV. Care should be taken to ensure that the flow has been completely discontinued.
 - 2) Wait a minimum of 2 minutes.
 - 3) Apply the tourniquet 3 to 4 inches above the antecubital fossa.
 - 4) Draw a 5 ml waste tube prior to drawing any labs.
 - 5) Complete venipuncture.
 - 6) Notify the patient's nurse that the labs are drawn so that the IV can be restarted.
 - 7) Blood tubes should be labeled "Drawn above IV."
 - 8) Enter test note 'Drawn above IV' at 'Collect Verify' in Horizon.
 - 9) Document a reportable test comment in Horizon using MCP before choosing the Submit icon: use coded comment \AIV (collected above IV, off 2 minutes)
- c. Mastectomy Arm:
Blood can only be drawn from an arm with a mastectomy when the physician gives written permission.
- d. Feet or Ankles:
Blood can only be drawn from a foot or ankle when the physician gives written permission.
- e. Arm with AV fistula
Blood should never be drawn from an arm with an AV fistula (shunt)
9. Other possible sites:
- a. other arm
 - b. flex or surface of forearm
 - c. dorsal surface of hand
 - d. dorsal surface of lower arm
 - e. knuckle of thumb or index finger
10. If a suitable vein cannot be found:
- a. Apply heat to the vein site using a hand warmer.
 - b. Lower the arm.
 - c. The person drawing blood should not make more than two venipuncture attempts on one patient. After two unsuccessful attempts, notify the nurse or doctor by completing a "Report of Unsuccessful Attempt to Draw" form. (Attachment A). The phlebotomist and the patient's nurse sign the form. The nurse then notifies the appropriate person (doctor). One copy of the form will stay on the unit, the second copy is returned to the laboratory. A request for a second phlebotomist can be made to attempt to collect the patient. This phlebotomist should only make two attempts to collect the blood. After two attempts by first phlebotomist and two attempts by a second phlebotomist notify the nurse or doctor by signing the original "Report of Unsuccessful Attempt to Draw" form (Attachment A). No further attempts should be made by the phlebotomists to collect blood until the patient is evaluated by their physician. Refer to *Mobile Care Phlebotomy* procedure (SC077) for the rescheduling process in the handheld device.

- I. Select equipment
 1. Choose method of venipuncture
 - a. Evacuated tube method - allows the blood to pass through the vein directly into the tube(s) minimizing any biohazard risk. Not to be used on small, fragile, hand or foot veins.
 - b. Winged push button butterfly collection set-allows the blood to pass through the vein directly into the tube(s) minimizing any biohazard risk when small, fragile foot or hand veins are used. Note, not all winged butterfly set safety devices activate using the same mechanism. Refer to the safety device activation instructions for your type of winged butterfly set.
 - c. Syringe method -- use on patients with fragile veins or when a pre-determined volume is needed.
 2. Choose needle
 - a. 21g: most common
 - b. 22g or 23g: for use on small veins
 3. Choose necessary color-coded tubes. Refer to *Order of Draw* procedure (SC.003)
 4. Have all equipment close at hand to avoid reaching while needle is in vein

- J. Cleanse the venipuncture site
 1. Refer to the facility's *Blood Culture Collection* procedure (SC.050) for specific information relating to the collection of this type of specimen.
 2. Using a hospital approved antiseptic; cleanse the site using outward concentric circles to remove surface dirt and debris. Air dry.
 3. Do not cleanse the site with an alcohol swab if collecting a blood alcohol level. Instead cleanse the site with soap and water

- K. Perform the venipuncture



Evacuated tube method

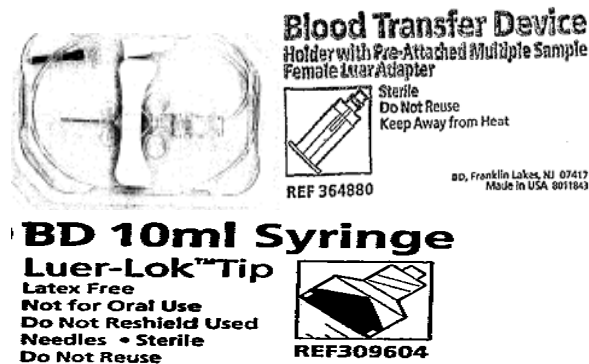
1. Use a Vacutainer Collection Needle with a vacutainer holder. Insert tube into the holder but do not engage the needle.
2. Gently position the safety shield straight back toward the holder. Twist and pull colored needle cap straight off. If the needle touches anything before the cleansed site, it must be discarded and a new Vacutainer needle obtained.
3. Grasp the patient's arm. Using your thumb draw the skin taut by pulling down on the skin to anchor the vein.
4. Take care to secure the arm against any unexpected movements.
5. With the bevel of the needle facing up, line up the needle in the direction of the vein. Insert the needle at a 15-30 degree angle, using one smooth motion to penetrate first the skin and then the vein. One hand should hold the adapter while the other depresses the tube to the end of the holder. Keep the tube on the needle until the vacuum is exhausted and the blood flow ceases.
6. To change tubes, remove the filled tube with one hand while holding the vacutainer with the other hand. Place the filled tube down and pick up the next tube to be filled. Insert the next tube into the holder while holding it steady with

your other hand. Continue this process until all tubes have been filled. It is essential to follow the proper order of draw. See page 13 under letter L.

7. When using tubes with anticoagulant or clot activator:
 - a. Completely fill the tube to insure proper whole blood to anticoagulant ratio.
 - b. Mix gently by inverting the tube 5-8 times, allowing the air bubble to transfer from one end of the tube to the other. This ensures complete mixing of the anticoagulant with the blood to avoid the possibility of clots forming. Do not shake the tube. Shaking the tube may cause the cells to lyse.
 - c. Tubes with clot activator should be mixed 5-8 times to allow proper chemical activation and clot formation.
8. Release the tourniquet as soon as possible after blood flows into the tube. DO NOT leave the tourniquet on for more than one minute.

Exception: On patients with fragile veins that might collapse, or in other difficult draw situations where release of the tourniquet might cause the blood flow to cease, the tourniquet is sometimes left on until the last tube is filled. Three or four tubes can usually be filled in less than one minute, if the tourniquet was applied just prior to needle insertion.
9. Remove needle from the vein. Immediately after removing the needle position thumb squarely on the safety shield thumb pad to activate the safety shield. Push the safety shield forward to cover the needle. An audible click may be heard, locking shield into place.
10. Do not attempt to engage safety shield by pressing against a hard surface
11. Apply pressure to the site with clean gauze until bleeding stops. If bleeding continues, do not wipe clot away. Continue to hold pressure and raise the patient's arm above their heart. DO NOT HAVE THEM BEND THEIR ARM. This practice can cause a hematoma or bleeding into the joint.

Push Button Blood Collection set/Butterfly



1. Assemble equipment.
 - a. 21g or 23g Push Button butterfly or Safety-Lok collection set
 - b. Vacutainer Holder
2. Peel back packaging at arrow so that the back end of the wing set is exposed
3. With thumb and middle finger, grasp the rear barrel of the wing set and remove from package. Be careful to avoid activating the button.
4. Thread the luer adapter into the holder.

5. With thumb and index finger, grasp the wings together and access vein using standard needle insertion technique.
6. Proper access to the vein will be indicated by the presence of “flash” directly behind and below the button. Push the vacutainer onto the luer adapter needle in the vacutainer holder.
 - a. When using a Butterfly collection set for venipuncture and a coagulation tube is the first tube needed, first draw a discard tube. The discard tube is used to prime the tubing of the collection set. This will assure maintenance of the proper anticoagulant/blood ratio in the coagulation tube. The discard tube can be another blue top tube or a non-additive tube. The discard tube does not need to be completely filled.
7. Release the tourniquet.
8. Finish filling all tubes.
9. After filling all the tubes place a piece of gauze over the needle and activate the safety device.
 - a. The **Push Button butterfly** is designed to be activated while the needle is still in the patient’s vein. While the needle is still in the patients arm, depress the black button to retract the needle. The needle will slide out of the venipuncture site and lock into place. Do not impede the device retraction.
 - b. The **Safety-Lok butterfly** is designed to be activated after the needle is removed from the patient’s vein.
 1. Withdraw blood collection set by grasping the translucent yellow safety shield grip area with the thumb and the index finger.
 2. With the opposite hand, grasp tubing between thumb and the index finger. Push the yellow shield forward until the safety shield is locked in place.
 - e. After removing the last tube of blood discard the entire butterfly collection assembly into a sharps container. Place the entire needle and line completely inside the sharp to avoid splattering of blood.
 - f. When using tubes with anticoagulant or clot activator:
 - g. Completely fill the tubes to insure proper whole blood to anticoagulant ratio.
 - h. Mix gently by inverting the tubes 5-8 times, allowing the air bubble to transfer from one end of the tube to the other. This ensures complete mixing of the anticoagulant with the blood to avoid the possibility of clots forming. Do not shake the tube. Shaking the tube may cause the cells to lyse.
 - i. Tubes with clot activator should be mixed 5-8 times to allow proper chemical activation and clot formation.
10. Apply pressure to the site with clean gauze until bleeding stops. If bleeding continues, do not wipe clot away. Continue to hold pressure and raise the patient’s arm above their heart. **DO NOT HAVE THEM BEND THEIR ARM.** This practice can cause a hematoma or bleeding into the joint.

Syringe Method

1. Assemble equipment.
 - a. Syringe
 - b. 21g or 23g Push Button butterfly or Safety-Lok collection set
 - c. Blood transfer device

2. Peel back packaging at arrow so that the back end of the wing set is exposed
3. With thumb and middle finger, grasp the rear barrel of the wing set and remove from package. Be careful to avoid activating the button.
4. Remove the luer adapter from the collection set.
5. Attach the appropriate winged butterfly collection set to the appropriate syringe.
6. Gently remove the cover to the butterfly needle.
7. Grasp the patient's arm, using the thumb to draw the skin taut by pulling down on the skin to anchor the vein.
8. Take care to secure the arm against unexpected movement.
9. Proper access to the vein will be indicated by the presence of "flash" directly behind and below the button, pull the syringe plunger to fill with blood.
10. Place a gauze pad over the venipuncture site and activate the safety device.
 - a. The **Push Button butterfly** is designed to be activated while the needle is still in the patient's vein. While the needle is still in the patients arm, depress the black button to retract the needle. The needle will slide out of the venipuncture site and lock into place. Do not impede the device retraction.
 - b. The **Safety-Lok butterfly** is designed to be activated after the needle is removed from the patient's vein, by manually engaging the safety device.
 1. After filling the syringe, apply light pressure to the site. Withdraw blood collection set by grasping the translucent yellow safety shield grip area with the thumb and the index finger.
 2. With the opposite hand, grasp tubing between thumb and index finger. Push the yellow shield forward until the safety shield is locked in place.
11. Remove the syringe from the collection set and dispose of collection set in a sharps container. Insert the syringe tip into the hub of the blood transfer device and rotate the syringe clockwise until it fits securely on the hub. With the syringe tip held facing down, center the blood collection tube over the holder portion of the blood transfer device and push it into the blood collection tube.
12. After removing the last tube of blood discard the entire syringe/transfer device assembly in to a sharps container.
13. Release the tourniquet.
14. When using tubes with anticoagulant:
 - a. Completely fill the tubes to insure proper whole blood to anticoagulant ratio.
 - b. Mix gently by inverting the tubes 5-8 times, allowing the air bubble to transfer from one end of the tube to the other. This ensures complete mixing of the anticoagulant with the blood to avoid the possibility of clots forming. Do not shake the tube. Shaking the tube may cause the cells to lyse.
15. Apply pressure to the site with clean gauze until bleeding stops. If bleeding continues, do not wipe clot away. Continue to hold pressure and raise the patient's arm above their heart. **DO NOT HAVE THEM BEND THEIR ARM.** This practice can cause a hematoma or bleeding into the joint.

L. Order of Draw

• Vacutainer Method

<u>Tube Type</u>	<u>Additive</u>
1. Blood Culture - Aerobic	Sterile Specimen
2. Blood Culture - Anaerobic	Sterile Specimen
3. Yellow Isolator	Microbial Tube

4. Blue	Sodium Citrate
5. SST/Gold	Clot Activator
6. Red	Clot Activator
7. Green	Heparin
8. Lavender/Pink	EDTA
9. Gray	Sodium Fluoride/Potassium Oxalate

- **Syringe/Butterfly Method**

<u>Tube Type</u>	<u>Additive</u>
1. Blood Culture - Aerobic	Sterile Specimen
2. Blood Culture - Anaerobic	Sterile Specimen
3. Yellow Isolator	Microbial Tube
4. Blue	Sodium Citrate
5. SST/Gold	Clot Activator
6. Red	Clot Activator
7. Green	Heparin
8. Lavender/Pink	EDTA
9. Gray	Sodium Fluoride/Potassium Oxalate

M. Waste and Needle Disposal

1. Paper wrappers or gloves may be discarded in the wastebasket of the room if they are not saturated with blood.
2. Dispose of needles into biohazard sharps container and contaminated material into biohazard red bag (if saturated with blood or body fluids).
 - DO NOT re-sheath used or unsterile needles into their plastic covers.
 - DO NOT remove the used needle from the holder or syringe with your fingers nor bend or clip the needle.
 - Needle, syringe, and holder can be discarded as a unit into a slotted sharp's container. Never use force when the sharp's container is full.
 - When discarding butterfly needles be particularly careful. Ensure that the tubing from the needle is inside the sharps container to avoid blood splatter.
 - If a loose needle is left or dropped on patient's bed or phlebotomy cart, use forceps to pick up and dispose of in Sharps container.



N. Adverse Reaction: Refer to *Phlebotomy Adverse Reaction* policy (SC.062).

O. Collection of Blood Bank specimens

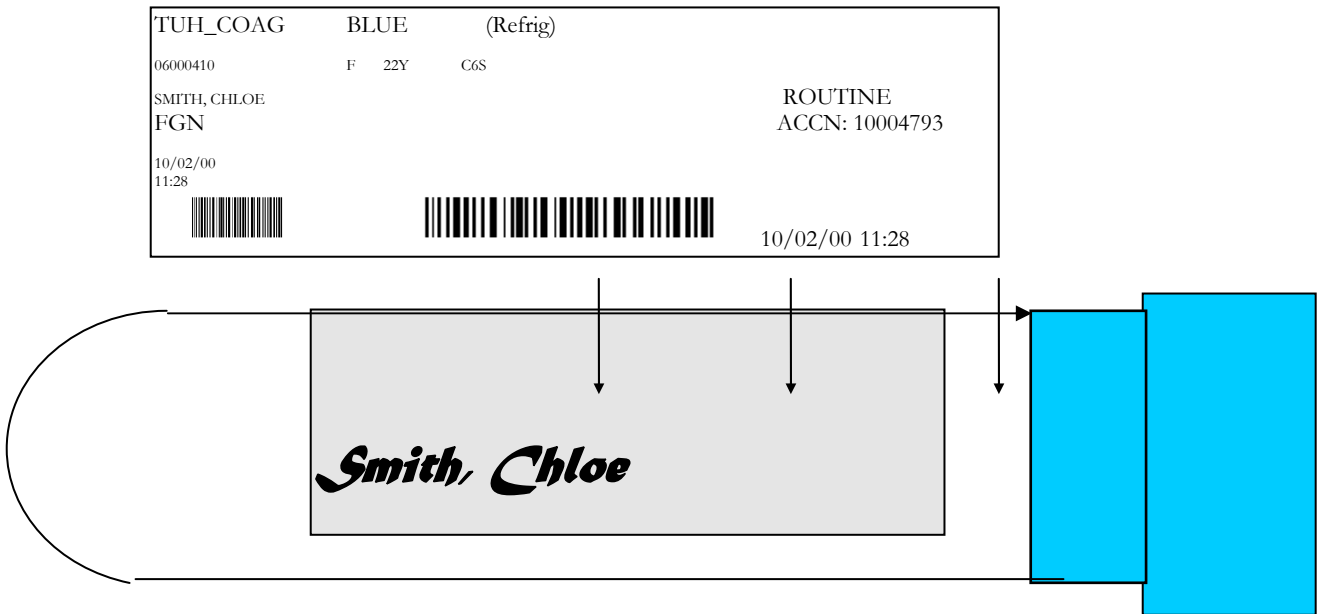
1. The collector must place their signature or initials on the tube label along with time and date of collection.

- Mobile Care Phlebotomy samples have the collector identity automatically embedded in the collection process and do not require the collector to write initials on the tube label.
- 3. The collector identity serves as verification these safety checks were performed and that patient identifiers are identical between the provider's order, the patient armband, and the label affixed to the tube of blood.
- 4. Blood Bank type and screen samples must have patient's complete first and last name, patient's medical record number, time and date of collection, and collector identity (automatically embedded with MCP submission).
- 5. Specimens for Blood Bank testing are not eligible of correction of incorrect or missing information and will be rejected.

P. Labeling

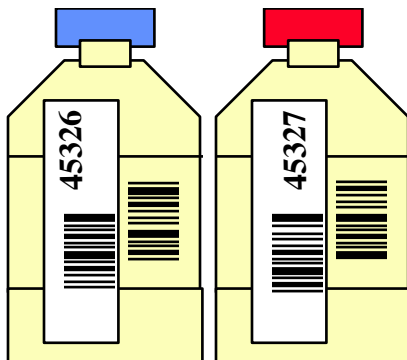
Label tubes with the following information at the time of collection:

- a. At least 2 CAP approved patient identifiers which can include patient full name, medical record #, encounter #, date of birth and/or accession #.
 - Patient name is preferred, but not required as long as 2 other identifiers are present (with the exception of Blood Bank, see below).
 - Blood Bank specimens MUST include the patient's full name and the medical record #.
 - b. Room/Bed location is not to be used as an identifier.
 - c. Date of collection
 - d. Time of collection
 - f. Collector's initials
 - i. Unit Collect: MCP automated documentation or Collector's initials
 - ii. UCMC Lab Draws: MCP automated documentation or Collector's initials and the word LAB (i.e. ABLAB).
 - iii. DRAKE Lab Draws: MCP automated documentation or Computer login code (i.e. SMITHAB).
2. Label all tubes at the patient's bedside.
- a. Do not take unlabeled tubes from the patient's presence.
 - b. Do not pre-label tubes.
2. Use an indelible marker (sharpie) so that the information on the label does not smear or wipe off. Do not use pencil or gel pens.
3. Use of patient identification ("addressograph") labels.
- a. When patient identification labels are used, the time and date the specimen was collected needs to be written as well as blood collector's initials.
 - b. Ensure that all stamped and written information is legible.
4. Proper placement of lab labels ("zebra" labels)
- a. You must check the name and date of birth or identification number on the specimen and match it with the lab labels before placing label(s) on the specimen(s).
 - b. Affix one barcode label on each appropriate specimen tube as shown.
 - c. If multiple labels print, place extra labels in the transport bag with the specimen.
 - d. Do not place multiple labels on one specimen
 - e. Only one patient per transport bag is allowed as this is practice often indicates a mislabeled specimen.
 - f. Please record legible initials, date, and time on the zebra label to document collection personnel. Not required for Mobile Care phlebotomy labels.



6. Labeling of Blood Culture bottles

- A barcode label on each bottle vertically, near but not covering the manufacturer's barcode.
- Place the number to the top of the bottle.
- Do not cover the patient or specimen information.
- Microbiology needs 2 sets of labels for blood cultures.
- Please reprint if necessary.



Blood Culture Bottles

O. Hand Washing

Remove gloves and cleanse hands using the appropriate product. Refer to your hospital hand hygiene policy for guidelines.

P. Thank the patient

For in-patients, make sure side rails are back up, the bed has been lowered and trays, TV, telephone, etc, have been returned to position.

Q. Check area

- Check the area to be sure that all used equipment has been removed.
- Ensure that the tourniquet has been removed from the patient.

R. Transport the specimen to the laboratory.

1. To prevent leakage, insert the specimen into a sealed biohazard specimen transportation bag.
2. Make sure to send the extra labels or requisition in the outer pocket of the plastic bag. Specimens sent on ice or in a warm bath should be placed in a separate bag. Place them into the ice or warm bath after bagging to avoid wetting of labels.
3. If multiple labels print, place extra labels in the transport bag with the specimen.
4. Do not place multiple labels on one specimen
5. Do not place multiple patients in one bag unless collected by MCP based on the inherent safety features of this device.
6. Determine if the specimen can be transported by the tube station or by hand by referring to your site's Pneumatic Tube Station policy.

S. Rejection of specimen will occur when:

1. Discrepancy between the requisition and the labeled tubes
2. More than one patient's blood in a specimen bag (MCP exception)
3. Unlabeled or improperly labeled tubes
 - Labels must be affixed to tubes
 - Labels can not be loose in bag with specimens
4. Specimen Integrity Issues (clotted, incorrect tube, insufficient volume, etc.)
5. Outdated /Improperly stored supplies were used in collection
6. Improper transport

T. The person drawing blood should not make more than two venipuncture attempts on one patient. After two unsuccessful attempts, notify the nurse or doctor by completing a "Report of Unsuccessful Attempt to Draw" form (Attachment A). The phlebotomist and the patient's nurse sign the form. The nurse then notifies the appropriate person (doctor). One copy of the form will stay on the unit, the second copy is returned to the laboratory. A request for a second phlebotomist can be made to attempt to collect the patient. This phlebotomist should only make two attempts to collect the blood. After two attempts by first phlebotomist and two attempts by a second phlebotomist notify the nurse or doctor by signing the original "Report of Unsuccessful Attempt to Draw" form (Attachment A). No further attempts should be made by the phlebotomists to collect blood until the patient is evaluated by their physician.

A *Report of Unsuccessful Attempt to Draw Blood* form is to be filled out and nurse notified if:

- a. employee missed the vein
- b. employee did not locate any venous access
- c. patient refused
- d. patient was not available
- e. patient was found in condition to compromise the accuracy of test
(ex. non-fasting, having blood infused)

Refer to *Mobile Care Phlebotomy* procedure (SC077) for rescheduling in the handheld device.

References:

1. CLSI, Procedures for the Collection of Diagnostics Blood Specimens by Venipuncture H3-A6, Vol. 27, Oct 2007.
2. CAP Checklist, Laboratory General. April 2014.
3. Lippincott Williams & Wilkins. Ernst Applied Phlebotomy 2005, page 67-86.
4. Garza Becan-Mcbride. Phlebotomy Handbook Fourth Edition, page 165-181.

Attachment:

Report of Unsuccessful Attempt to Draw Blood form

Attachment A



Report of Unsuccessful Attempt to Draw Blood

Blood collection personnel have been unsuccessful in their attempt to obtain blood from:

Patient Name: _____ Room: _____ Date: _____ Time: _____

Tests Ordered: _____ Timed For: _____ Priority: _____

Blood was not obtained because:

Missed vein Could not find vein Patient off unit Other reason _____

Indicated action for lab phlebotomist:

Another blood collector is being summoned to try to obtain the blood sample.

Please call the Laboratory at 4-7800 when patient returns to his/her room

Please ask the physician, resident, intern or extern to obtain the blood specimen.

Tests to be cancelled because _____

Signature: _____ # Attempts: _____

Signature of second unsuccessful attempt: _____ # Attempts: __

Collector who obtained blood: _____ # Attempts: __

Signature of nursing personnel: _____

Top copy and labels: Unit / Bottom copy: Lab

4/2014