



TITLE: **LAB SPECIMEN COLLECTION INSTRUCTIONS – VENIPUNCTURE BLOOD COLLECTIONS**

EFFECTIVE DATE: 06/26/19

PERFORMED BY: Resource for Specimen Collections

MANUAL: Specimen Collection Manual

FORMULATED BY: Lab Phlebotomy Supervisor

### **VENIPUNCTURE - Blood Draw Instructions**

#### **If using Electronic identification device:**

- Scan patient's hospital armband, perform blood draw, & label tube with the printed label.
- Complete the collection process in the Computer System by scanning each labeled specimen tube.
- This is all done at bedside at time of draw.

#### **If not using an electronic identification device:**

- Use patient label / chart label. Have patient state name & DOB. Assure that the patient's stated name & DOB matches the label and the hospital armband. Use minimum of 2 appropriate identifiers when identifying the patient & labeling tube (Pt Name and DOB, Medical Record number / ID number). Room number is not to be used as an identifier. Perform blood draw. Write date/time of draw & collector ID on the specimen label. This is all done at bedside at time of draw. Complete collection process in computer.
1. Use age appropriate care for introduction & explanation. Identify the patient.
  2. Ask the patient to state his/her (first & last) name.
  3. A Patient must have two unique identifiers. (Do not use Room # as identifier.)
    - 1<sup>st</sup> Identifier: The patient's first and last name as stated & on the patient's hospital armband
    - 2<sup>nd</sup> Identifier: The patient's Med Record #/ID number, the patient's DOB.
  4. Wash /disinfect hands upon entering patient's room & then put on gloves prior to procedure. Wash/disinfect hands upon removal of gloves after procedure before exiting patient's room.
  5. If patient is seated in chair, it is best that the chair have arms to help provide support and prevent falls.
  6. Identify suitable site for venipuncture. (Apply heel warmer if needed to warm site).
    - 1<sup>st</sup> choice is the medial cubital vein -largest vein in antecubital area of arm
    - 2<sup>nd</sup> choice is the cephalic vein – large vein on the thumb side of antecubital area
    - 3<sup>rd</sup> choice is the basilic vein –Limit needle manipulation upon missing the basilic vein due to the close proximity of the brachial artery and median nerves.
    - Hand and wrist sites are acceptable - avoid draws to the underside of wrist and arm
- Do not stick:
- If hematoma or extensive scarring
  - On same side that a Mastectomy has been done
  - Arm that contains a shunt, fistula, or vascular/skin graft
  - Feet or legs (unless instructed by Physician/Pt's Nurse)
  - Above an IV Site or in same arm as IV (when possible)
- If patient complains of tingling / numbness / electric shock sensation, stop & immediately remove needle & inform nurse, as this may indicate that the needle touched a nerve.

7. Apply tourniquet 2-4 inches above bend of elbow for no more than 1 minute.
8. Do not have patient do vigorous hand pumping.
9. Perform venipuncture with needle bevel up (no more than 30 degree angle).
10. Release tourniquet when blood begins to flow from puncture site into tube.
11. Collect blood tubes in the correct order-of-draw (below):
  - o Blood Culture Bottles
  - o Plain (no-additive) Tube -for discard/waste if using butterfly or for Blue Top draw if needed
  - o Blue Top Tube
  - o Gold Top Tube
  - o Green Top Tube (Heparin)
  - o Purple Top Tube (EDTA)
  - o Grey Top Tube / other Tube types
12. Once blood draw is complete, immediately place gauze over draw site & apply pressure as needed.
13. Gently invert tubes end-over-end to mix. (Coag/Blue tubes- at least 4 times, All other tubes-10 times)
14. Specimen tubes must be labeled at the time of draw. Assure that the collection process is completed in Computer system. (Phlebotomists use their Electronic Identification Devices to scan each labeled tube & complete the collection process in the computer system.)
15. Observe site for bleeding, hematoma, or swelling before applying bandage.
16. Discard sharps in sharps container. Dispose of trash appropriately.

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<b>Document Approver:</b>	Laboratory Medical Director
<b>Original Issue Date:</b>	11/26/07
<b>Last Reviewed Date:</b>	Previous review dates; 12/04/11, 06/06/11, 06/05/12, 08/14/13, 08/10/14,08/24/15, 11/08/16, 11/15/18, 06/26/19
<b>Last Revision Date:</b>	06/05/12 plain (no additive) tube for discard/waste tube. 08/25/15 Removed this table at end of procedure. Updated effective date in header. 11/08/16 Piedmont Header. 11/15/18 Complete collection in Epic via scanning labeled tube at time of draw or completing it in the computer. 12/24/18 Updated wording for Epic, drawing/labeling, 06/26/19 alert nurse if pt complains of tingling sensation – could indicate nerve.