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. Venipuncture techniques are not valid for Venous Blood Gas collections as these specimens are intended to be collected via Swan-Ganz catheter and as such, are not considered lab draws.

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 a venipuncture on an adult.

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 accession order.

1. Retrieve the laboratory labels and verify all supplies necessary for the tests that you are collecting. The labels have the appropriate specimen collection information on them.
2. When labels are not available:
   a. Print the LastWord pending lab slip or complete a universal downtime form.
   b. Refer to UC Health hospital website to access specimen collection information if it is not available on the requisition or laboratory's label or call your local laboratory.
   c. For patients in isolation refer to your Facility's Infection Control Plan for exposure control 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

4. **Drake Center only**: Blood Bank type and screen or type and crossmatch samples must be witnessed and initialed by a 2nd person (lab and credentialed nursing personnel – see details below) as a "time-out for safety" process to ensure correct blood in correctly labeled tube. Lab personnel are contacted in advance of the phlebotomy draw in order to either witness or collect the blood bank sample. (phone 513-418-2934) (page 513-209-1093)
   a. Blood Bank samples drawn by credentialed nursing personnel must be signed with complete signature by the person drawing the sample; initialed by the lab person witnessing the phlebotomy draw.
   b. Blood Bank samples drawn by lab personnel must be signed with complete signature by the person drawing the sample; initialed by the nursing personnel witnessing the phlebotomy draw.
   c. Blood Bank samples arriving in the lab without the required signature and initials are rejected and must be redrawn.
   d. "Time-out for safety" process has the following steps:
      - Obtain physician order for type and screen.
      - Retrieve laboratory test labels and verify all supplies necessary for venipuncture are available. Blood Bank type and screen samples require 7ml pink top tubes.
      - At the patient's bedside: both the collecting phlebotomist and witness compare the patient's armband to the physician's order and the test labels, making sure information on all 3 have identical patient name, medical record number, and date of birth.
      - Ask the patient to state complete name and date of birth, if patient is capable of responding.
      - Proceed with venipuncture. (see IV.B below for details)
      - Without leaving patient's side, label tubes drawn with test labels.
      - Without leaving patient's side, verify information on tube of blood is identical to information on patient's armband with respect to complete patient name and medical record number.
      - If information is identical the collecting phlebotomist places their complete signature on tube label along with time and date of collection.
      - The witness then places their initials on the tube label as verification these safety checks were performed and that patient identifiers are identical between the physician order, patient armband, and label affixed to the tube of blood.

- 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, signature of collecting phlebotomist, and initials of witness to the venipuncture. Samples missing information are rejected.

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. 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.

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. <u>Never attempt to draw blood on someone while they are standing.</u>
   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. Place the tourniquet three to four inches from where you will insert the needle.

2. 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.
3. If using a blood pressure cuff, inflate to 40mmHg.
4. Tourniquets must be discarded immediately after use.
5. To minimize hemoconcentration, do not leave the tourniquet on longer than 1 minute.
6. 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. Do not ask the patient to pump their hand because vigorous hand pumping can cause hemoconcentration.
   b. Choose the best site for the venipuncture.
      1. Feel for the median cubital -- it is usually anchored better and produces less pain.
      2. Cephalic vein should be your second choice.
      3. 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.
      4. 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.
7. <u>Areas to avoid:</u>
   a. sclerosed veins
   b. superficial veins
   c. areas of extensive scarring or burns
   d. ankles and feet (phlebotomist may draw with a written doctor's order)
   e. legs
   f. arteries - blood gases only (radial, brachial, femoral)
   g. indwelling lines (only RN's, RT's, or physicians are permitted to perform line draws)
   h. volar (inner) surface of the wrist
   i. above the anticubital fossa
   j. 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.
      2) Wait 2 minutes. Heparin IVs should be turned off for 10 minutes.
      3) Draw a 5 mL waste tube prior to drawing any labs.
      4) Notify the patient's nurse that the labs are drawn so that the IV can be restarted.
      5) Document on your draw sheet who was notified.
      6) Blood tubes should be labeled "Drawn below IV".
      7) Document a test comment in Horizon – 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 written permission.
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 10 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) Document on your phlebotomy log sheet who was notified.
8) Blood tubes should be labeled "Drawn above IV."
9) Enter test note 'Drawn above IV" at 'Collect Verify' in Horizons.
10) Document a test comment in Horizon – use coded comment \AIV (collected above IV, off 10 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

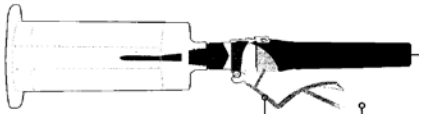
10. If a suitable vein cannot be found:
a. Apply heat to the vein site using a hand warmer.
b. Lower the arm.
c. The person drawing blood should not make more than two venipuncture attempts on one patient. After two unsuccessful attempts, notify the nurse or doctor by completing a "Report of Unsuccessful Attempt to Draw" form (Attachment A). The phlebotomist and the patients 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.

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 on small veins
   3. Choose necessary color-coded tubes. Refer to *Order of Draw* procedure
   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* Policy 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.
        i. Withdraw blood collection set by grasping the translucent yellow safety shield grip area with the thumb and the index finger.
        ii. 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.
8. After removing the last tube of blood discard the entire butterfly collection assembly into a sharps container.
9. When using tubes with anticoagulant or clot activator:
    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.
    c. 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. 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, which will assure maintenance of the proper anticoagulant/blood ratio in the first tube filled. The discard tube can be another blue top tube or a non-additive tube. The discard tube does not need to be completely filled.
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. 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.

14. 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

1. Vacutainer Method

a. Blood Cultures
b. Blue (3.2% sodium citrate)
c. SST/Gold
d. Red
e. Green (sodium heparin)
f. Lavender (EDTA)
g. Gray (sodium fluoride)

2. Butterfly/Syringe Method

a. Blood Cultures
b. Blue (3.2% sodium citrate)
c. SST/Gold
d. Red
e. Green (sodium heparin)
f. Lavender (EDTA)
g. Gray (sodium fluoride)

3. Butterfly/Vacutainer Method

a. Blood Cultures
b. Blue (3.2% sodium citrate)
c. SST/Gold
d. Red
e. Green (sodium heparin)
f. Lavender (EDTA)
g. Gray (sodium fluoride)

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. Labeling

Label tubes with the following information:

a. At least 2 appropriate patient identifiers.
   The mandatory pieces of information for specimen identification are:
b. Patient's full name (first and last name).
c. Date of collection
d. Time of collection
e. Patient identification number. For everything but blood bank this can be the patient's date of birth, medical record number and/or account number. <u>For blood bank the patient's medical record must be used.</u>
f. Collector's initials
   i. UH Lab Draws: Collector's initials and the word **<u>LAB</u>** (i.e. ABLAB)
   ii. DRAKE Lab Draws: Computer login code (i.e. HARGISHA)

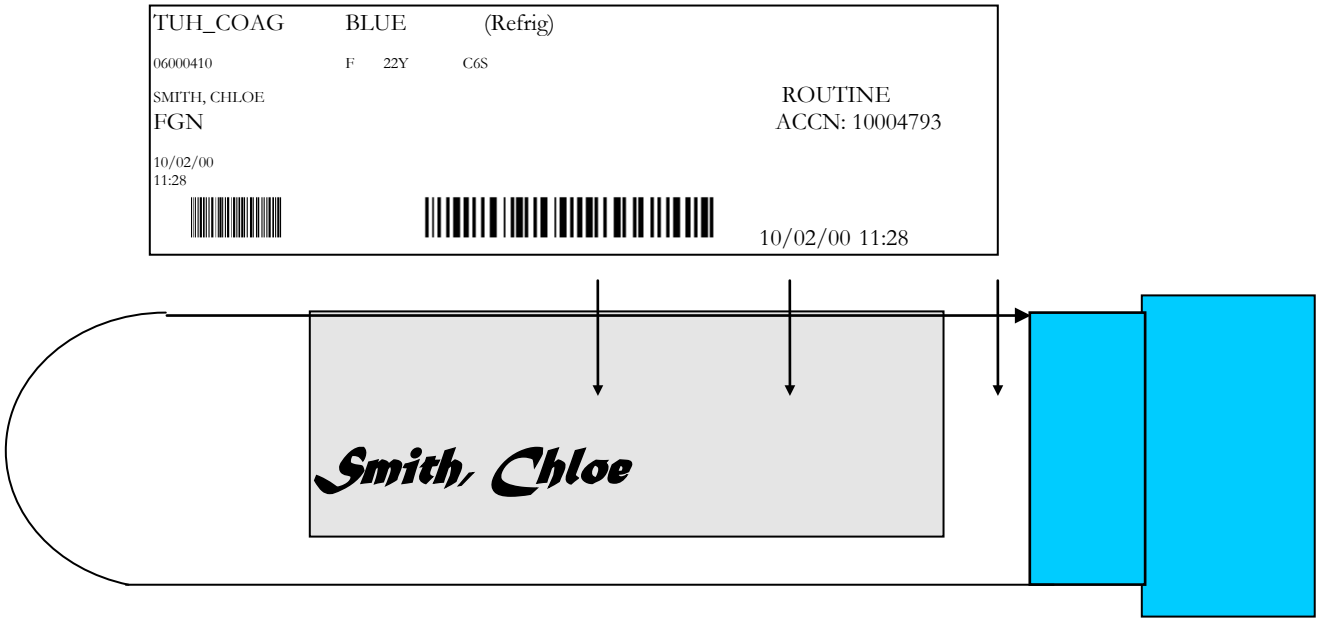
NOTE

Label all tubes appropriately at the patient's bedside. Do not take unlabeled tubes from the patient's presence. Do not pre-label tubes.

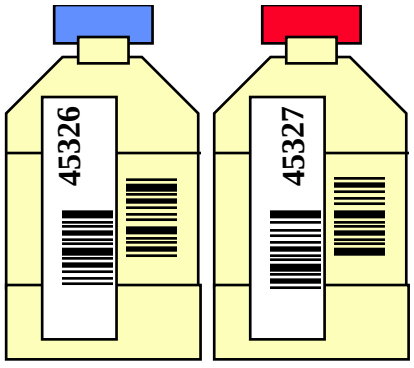
If laboratory personnel become aware of a potential error in patient identification or other information (e.g. phlebotomist initials, date/time of collection) on a specimen label, best practice is to recollect the specimen. However, there may be circumstances when recollection is not possible or practical (e.g. for specimens that are impossible or difficult to recollect, such as cerebrospinal fluid, etc.).The laboratory may allow the collector to sign the *Patient Verification Form* to document responsible party. A record of all such corrections should be maintained. The laboratory will report these issues to appropriate nursing units for follow up, including education of personnel who collect specimens.

1. Use an indelible marker (sharpie) so that the information on the label does not smear or wipe off. <u>Do not use pencil or gel pens.</u>
2. Do not label tubes prior to venipuncture.
3. Do not leave the patient before labeling is complete.
4. Addressograph labels.
   a. When addressograph labels are used, the time and date the specimen was collected needs to be written as well as blood collector's initials.
   b. When using addressograph labels make sure all stamped information is legible.
6. Proper placement of Zebra labels.
   a. You must check the name and date of birth or identification number on the specimen and match it with the Zebra 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. DO NOT PLACE MULTIPLE LABELS ON ONE SPECIMEN.
d. Only one patient per transport bag!
e. Please record legible initials, date, and time on the Zebra label to document who collected the specimen.



7. Proper placement of Zebra labels on Blood Cultures
   a. A barcode label on each bottle vertically, near but not covering the manufacturer's barcode.
   b. Place the number to the top of the bottle.
   c. Do not cover the patient or specimen information.
   d. Microbiology needs 2 sets of labels for blood cultures.
   e. 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.

R. Transport the specimen to the laboratory.

1. To prevent leakage, insert the specimen into a seal biohazard specimen transportation bag. Make sure to send the extra labels or requisition in the outer pocket of the plastic bag.
2. If multiple labels print, place extra labels in the transport bag with the specimen.
3. Do not place multiple labels on one specimen.
4. Do not place more than one patient in biohazard bag.
5. Determine if the specimen can be transported by the tube station or by hand.

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.
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
    - Hemolyzed/Lipemic/Icteric
    - Contaminated with IV fluid
    - Insufficient quantity
    - Clotted
    - Wrong collection tube
5. Use of outdated supplies
6. Improper transport
7. Instrument malfunction
8. Lost sample
9. Broken tube

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 patients 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" No further attempts should be made by the phlebotomists to collect blood until the patient is evaluated by their physician.

References:

1. CLSI, Procedures for the Collection of Diagnostics Blood Specimens by Venipuncture H3-A6, Vol. 27, No. 26.

2. CAP Checklist, Laboratory General: GEN.40460, GEN.40470, GEN.40490, 40491, GEN.40492, GEN.40493, GEN.40496, GEN.78000. January 2012

3. Lippincott Williams & Wilkins. Ernst Applied Phlebotomy 2005, page 67-86.

4. Garza Becan-Mcbride. Phlebotomy Handbook Fourth Edition, page 165-181.