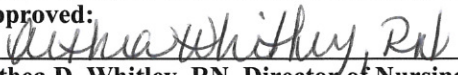
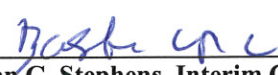




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Policy # 9019	Venipuncture
Origination Date: February 1998	
Revision Date: June 2004; March 27, 2006; January 28, 2009, July 28, 2016	
Reviewed Date: February 2005; July 20, 2007; May 19, 2010, October 19, 2012, May 8, 2013	
Approved:	
 Althea D. Whitley, RN, Director of Nursing	 Bryan G. Stephens, Interim CEO

PURPOSE:

To provide optimal client care by requiring that blood tests, when ordered by the physician/CNS, be obtained utilizing safe procedures.

PROCEDURE:

1. The assigned staff will complete a laboratory requisition form including all demographics, payor information, and information about last meal/medication dosage if related to test performed.
2. A Registered Nurse, LPN, phlebotomist or MD/APRN/PA at the site location will draw blood work. If the client requests, the lab requisition may be given to the client or his/her caretaker with the laboratory's phone number and address, along with special written instructions (NPO after midnight, hold am dose of medication) for any lab work, except in secured residential facilities.
3. Labels should be filled out properly before collecting blood. Check all blood collection tubes for expired dates, visible cracks, dirt, or possible defects. Assemble vacutainer holder with needle (usually 1 inch, 21G) and first collection tube. Place all other tubes within easy reach. Refer to lab compendium to identify tube needed for each test if needed.
4. Explain procedure to the client before drawing blood. Confirm client identification.
5. Wash hands before client contact and apply gloves.
6. Examine each arm if needed for the appearance of veins and select venipuncture site. The preferred sites are the median cubital or cephalic (thumb side) vein in the antecubital fossa. Dorsal hand veins may be considered. Place a clean tourniquet about 4 inches above the potential site. Cleanse skin with 70% isopropyl alcohol and let dry. Using correct needle size and gauge (preferably 1" and 21 gauge), insert needle, bevel up, at an acute angle, about 15 degrees and always less than 30 degrees, from body surface. After entry into vein, engage tube and begin to fill blood collection tube. Release tourniquet. Gently change tubes as needed to collect all samples required. Never attempt venipuncture more than twice; ask for help from another staff or send client to a designated laboratory draw site.
7. Remove tourniquet at end of collection, cover venipuncture site with gauze pad and gently withdraw needle. Apply pressure to venipuncture site for 30-60 seconds to prevent possibility of hematoma at the site. Apply Band-Aid to venipuncture site.
8. Follow specific instruction for handling specific tubes:
 - a. After a CBC has been drawn, promptly invert the tube gently (do not shake) about 10 times to mix the blood and anticoagulant.
 - b. If serum is required, allow the blood to clot for at least 15-20 minutes, then centrifuge within 45 minutes of venipuncture for 15 minutes. Remember all gel tubes need to be centrifuged.

- c. All other tubes can be sent to the lab unless specifically instructed to do otherwise.
- 9. Instruct the client to call nurse if he/she notices any swelling, redness, or experiences at site of the venipuncture.
- 10. Place all tubes into the sealable part of transport bag and close securely. Place requisition in outer pocket of plastic bag.
- 11. Remove gloves and wash hands.
- 12. Lab work awaiting pick-up shall be stored in the lab collection box or in a specified refrigerator used only for collection of specimens.