

Sullivan County Department of Public Health

<p><u>Title:</u> Blood Collection via Venipuncture</p> <p><u>Number:</u> CP-23</p> <p><u>Page Number:</u> 1 of 2</p>	<p>Original Approval: 1989</p> <p>Reviewed/ revised: 9/99, 8/01, 9/05, 12/08, 9/15, 11/18, 10/19, 4/24</p>
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Statement/ Purpose:

To provide guidelines for the collection of blood in the presence of suitable, peripheral, venous access, and follow-up of blood specimen results by the nurse.

Authority:

Application:

Registered Nurses

Terminology:

Responsible Party:

Training and Quality Improvement Coordinator

Cross-Reference:

Procedure:

1. Only nursing staff oriented to venipunctures are permitted to perform venipunctures
2. Specimens will be transported to the lab by the RN.
3. Confirm provider's orders
4. Explain the purpose and procedure to the patient.
5. Gather all necessary equipment. Prepare lab request slip based on physician's orders.
6. Perform hand hygiene
7. Connect the needle to the vacutainer. Place the tube inside the vacutainer.
8. Don non-sterile, disposable gloves.
9. Apply the tourniquet and assess the upper extremities for the vein of choice.
 - a. The median cubital site should be selected as the primary vein of choice, followed by other, large straight veins, such as the median basilic, radial, dorsal vein of the hand, and the cephalic for infants and children.
 - b. Sites should be rotated in the instance of frequent lab testing.
 - c. Bifurcation sits should be avoided.
10. Prepare the vein for venipuncture.
 - a. Cleanse the site vigorously with an alcohol wipe.
 - b. Allow the site to air dry.
 - c. Anchor the vein by bracing it with the thumb of the non-dominant hand and pulling the skin tightly.
11. Holding the needle/ vacutainer at a 30-degree, insert the needle approximately one-third of an inch below the venipuncture site.

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12. Once inside the vein, reduce the angle to approximately 10 degrees and advance it approximately one-eighth of an inch. Then gently insert the tube into the needle inside the vacutainer.
13. Fill the tube with blood. Gently change tubes if multiple specimens are needed.
14. When the last tube is half full, remove the tourniquet.
15. Once full, disconnect the tube from the vacutainer.
16. Remove the needle and discard it into the puncture-resistant sharps-disposal container.
17. Simultaneously rotate the tube while elevating the extremity. Apply pressure at the venipuncture site with a 2 x 2 gauze pad until the bleeding stops completely.
18. Apply a bandage to the site and instruct the patient to observe the site for signs of bleeding and to apply pressure if bleeding occurs.
19. Label the tubes with patient name, date of birth, provider name, and date of draw; transport them in accordance with the agency's policy.
20. No more than three attempts for venipuncture are made by one staff member. If a staff member is unable to collect a specimen, the Supervising Public Health Nurse is notified and another staff member is assigned for venipuncture.
21. Document procedure, including the following in the patient's clinical record:
 - a. Site of venipuncture
 - b. Specimen collected, including date and time of collection.
 - c. Patient's reaction and any other pertinent observations.
 - d. Method of transportation.
 - e. Laboratory to which the specimen was delivered.
22. Results of blood testing are to be followed up within 24 hours of being drawn or document otherwise in patient's clinical record.
 - a. Report results to physician; bloodwork results are to be faxed to the ordering physician either by the lab of disposition or by the nurse responsible for the bloodwork.
 - b. Follow-up (telephone) verification of receipt of the results and any new orders are the responsibility of the nurse.
 - c. Any abnormal/ critical lab results received from the answering service after hours are to be reported immediately to the ordering physician by the nurse on call. The staff nurse will be responsible for follow-up on the abnormal/ critical lab values with the ordering physician.