

**HACKETTSTOWN REGIONAL MEDICAL CENTER  
LABORATORY POLICY MANUAL**

**PHLEBOTOMY GUIDELINES**

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**Effective Date: August 2000**

**Policy No: PHLEB 100.1**

**Cross Referenced:**

**Origin: PHLEBOTOMY**

**Reviewed Date: 3/1/12**

**Authority: Laboratory Director**

**Revised Date: 01/10, 01/12,5/14, 7/17/14, 4/14/15 ,  
07/28/2015, 02/22/2016**

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**PURPOSE**

To ensure quality samples without jeopardizing the patient.

**POLICY**

As follows:

**Specimen Collection**

The following guidelines will be followed when obtaining blood specimens from both inpatients and outpatients:

1. The phlebotomist will be wearing visibly unsoiled garments including a lab coat/scrubs and gloves at all times. Wash hands before donning gloves.
2. When addressing a patient, their surname is to be used (Mrs. Smith, Mr. Jones) unless otherwise permitted by the patient. Nicknames such as “honey” or “sweetheart” are not appropriate or professional.
3. When in a patient’s room, their privacy is to be respected. Their state of dress or position should be assessed before curtains are drawn back or light switched on.
4. When drawing IP’s, the technologist/phlebotomist will identify themselves and their mission before approaching the patient. If a patient is averse to having the venipuncture done and cannot be gently persuaded, the technologist/phlebotomist will report to the RN in charge that the patient has refused. If the nurse is also unsuccessful in persuading the patient, “patient refused” can be written on the lab slip along with the technologist’s and RN’s initials. It is the RN’s responsibility to obtain further instructions from the attending physician. When the phlebotomist returns to the laboratory, he or she must document, in the comment section of the Cerner System that the patient refused. Then the test can be deleted and the slip can be filed.
5. When drawing IP’s, the patient’s armband will be examined and the name and medical record number compared with all of the requisitions (labels) before a venipuncture is performed. If no armband is present, one must be put on the patient by nursing personnel before the patient. Place the labels at the patient’s bedside. Perform the venipuncture. Double check the patient’s label once again before labeling the tubes. Proceed to signing the labels, the requisitions and then labeling the tubes. If the phlebotomist is carrying multiple patient labels, only the patient’s label

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should be at the bedside. All other patient labels should be placed away in the special plastic envelope that is provided on each phlebotomy tray. This will avoid any chance of picking up an incorrect patient label.

6. When drawing OP's, examine the armband and confirm that it agrees with the paperwork and all of the labels. The patient will then be asked to state their full name, verify the spelling of their last name, if necessary, and state their date of birth to verify their identity before a venipuncture is performed. Any identification discrepancies will be rectified immediately. Failure to do so can result in immediate dismissal.
7. If the venipuncture is not successful on the first attempt, a second try by the same phlebotomist should be made using a different site. If the second attempt is also unsuccessful, any critical tests that are obtainable by fingersticks should be drawn (i.e., Glucose, CBC, etc.). The slip should be brought to the lab and, if a delay is anticipated before another tech is able to go to the floor, it is the responsibility of the original phlebotomist to notify the RN of the delay.
8. If the second phlebotomist is not able to procure a suitable specimen, the RN in charge of the patient will be informed and "Unable to obtain specimen" will be entered in the comment section of the Cerner System and the test deleted. The lab ticket is to be filed. Both the technologist's and RN's initials should be present on the lab slip. If the physician still wants the tests performed, a new order will be entered in Cerner by the nursing department and the physician may attempt to draw. No more than two attempts should be made on pediatric patients by the laboratory before referral to the attending physician. Any more than this may be upsetting to both the parents and child or lead to physical or emotional trauma. Venipuncture on children less than one year of age should be avoided, unless absolutely necessary.
9. After removing the needle from the patient's arm, it is the responsibility of the phlebotomist to hold pressure on the site for an amount of time adequate so as to stop the bleeding and not cause trauma to the patient. The usual amount of time is 1-2 minutes. A pressure bandage or Band-Aid does not take the place of pressure to stop bleeding or bruising.
10. The specimen is to be labeled at the bedside with the appropriate label generated through order entry (or registration labels in case of ED draw). The phlebotomist will sign all tubes with their Cerner sign on and also place the time on the tube. The phlebotomist's Cerner sign on and time must be written on the computer generated ticket also. In the event of downtime, the tube must contain the patient's name, medical record number, date and time, and phlebotomist Cerner sign on. Use of registration labels is preferable during downtime.

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11. If drawing an inpatient the sample and or samples will be place in the specimen part of a 6x 9 biohazard bag. The requisition signed with the phlebotomist's computer sign on and timed will be placed in the requisition part of the biohazard bag. Please note one patient per bag. This will also apply to the outpatient center. A rack may be used for transporting multiple patients. The rack will be place in a specially marked specimen biohazard cooler and delivered to the main lab.
  
12. The phlebotomist will remove their gloves, discard them, and wash their hands with soap and water or the hand sanitizer in the patient's room before leaving. This is done before and after each patient.
  
13. It is a polite gesture to thank the patient before leaving the room, both as a courtesy and to let the patient know that you are finished. We practice AIDET