

**HACKETTSTOWN REGIONAL MEDICAL CENTER
LABORATORY POLICY MANUAL
VENIPUNCTURE PROCEDURE**

Effective Date: May, 2008

Cross Referenced:

Reviewed Date: 8/2012

Revised Date: 10/11, 2/12

Policy No: PHLEB 100.01A

Origin: Phlebotomy

Authority: Laboratory Director

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PRINCIPLE: To ensure that laboratory personnel are using the current safety products when performing phlebotomy. To be able to use a safety needle that is most effective in preventing needle stick injuries and blood exposures and follow proper procedure for venipuncture.

Note:

- ◆ **Always identify the patient according to laboratory policy.**
- ◆ **Gloves must be worn at all times when handling blood and performing The venipuncture. Be sure to wash your hands or use foam hand cleaner between each patient. Please be sure to use a new non –latex tourniquet for each patient.**

PROCEDURE:

Tourniquet: Proper Placement

Non latex tourniquets are used for phlebotomy. Place the tourniquet around the patient's arm midway between the elbow and the shoulder. Tie a moderately tight slipknot that can be easily released with one hand.

Check with the patient to make sure that the tourniquet is comfortable. The tension should be great enough to close the vein, but not enough to stop the flow of blood. Do not leave the tourniquet on longer than two or three minutes. It can cause serious damage if left for a prolonged period of time.

Vein Selection:

After the tourniquet is properly placed, have the patient close the fist and keep the fist clenched. Do not instruct the patient to open and close the fist as this may cause alteration in the results.

1. Examine the arm. Look for a vein that appears prominent. The best veins feel like an elastic tube when you palpate them. Always, feel the vein, even when the vein is seen easily. This gives one practice in finding deeper unseen veins. Arteries have a pulse so be careful that the spot you are feeling is not pulsating. The area should be cleansed well with 70% alcohol or betadine. It is important to allow the alcohol to dry at least 30 second before performing the venipuncture. It is important that the site not be touched after it is properly cleansed. If this happens the site is contaminated and the process must be started again. Sometimes when a vein has been used repeatedly, it becomes sclerotic. This is due to scar tissue. Try to locate another vein because it will be difficult to obtain blood from the scarred area.
2. It is best to try to locate the vein in the middle of the arm. This is called the median vein; it branches off the cephalic vein and the cubital vein (see diagram). These are the veins of choice. One might see a surface vein that appears good, but these should not be used. They are fragile and tend not to hold up under the pressure of a venipuncture tube and will cause bruising.

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3. Difficult draws. Sometimes when a vein is difficult to find, tap the area of the arm that you intend to draw. This causes the veins to dilate or open up. Always examine the other arm. Sometimes veins in one area are bigger than the veins in the other arm. Ask the patient also if he or she has been stuck recently and where the venipuncture was performed.

Venipuncture:

Obtain a Quickshield Needle Plus Safety Tube Holder . It is available in 21.5 and 22.5 gauges. This product features a translucent plastic hub/view window that provides a “flash” confirming Vein penetration.

1. Open package. Examine the needle set up. Look for the **DOT** on the needle cap which indicates the location of the needle bevel.
2. Place patient’s arm in a downward position. Clean the arm according to the venipuncture policy. Remove the cap by pulling it away from the holder.
3. Perform venipuncture. Red will appear in the translucent hub if the venipuncture is successful.
4. Push the tube into needle, puncturing stopper diaphragm. Center tubes in holder when Penetrating the stopper to prevent sidewall penetration and premature vacuum loss.
5. Remove tourniquet as soon as blood appears in the tube. Do not allow contents of tube to Contact the stopper or end of the needle during the procedure. If no blood flows into the tube or if blood flow ceases before and adequate specimen is collected, the following steps are suggested to complete satisfactory collection.
6. Push tube forward until tube stopper has been penetrated. If necessary, hold in place to ensure complete vacuum draw.
7. Confirm correct position of needle cannula in vein.
8. Try replacing a new tube in the holder, if the second tube does not draw, remove the needle and discard.
9. Repeat procedure from Step 1.
10. When first tube has filled to its stated volume and blood flow ceases, remove it from the holder.
11. Place succeeding tubes in holder, puncturing diaphragm to begin flow. Draw tubes without additives before tubes with additives. (see proper order of draw)

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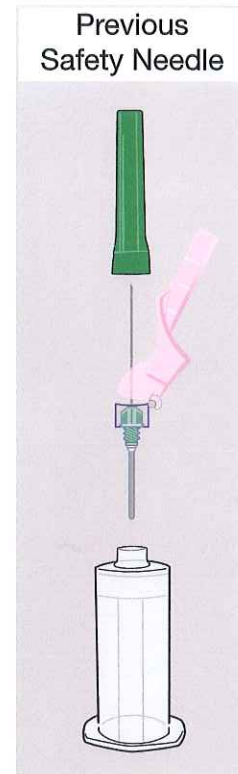
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12. While each successive tube is filling, turn the filled tube upside-down and return to upright position. This is one complete inversion. For proper additive performance, invert SST tubes 5 times. Invert all other filled additive tubes 8-10 times. Do not shake. Vigorous mixing may cause foaming or hemolysis. Insufficient mixing or delayed mixing in serum tubes may result in clotting and incorrect test results. In tubes with anticoagulants, inadequate mixing may result in platelet clumping, clotting, and/ or incorrect test results.
13. As soon as blood ceases flowing with drawing needle, engage the safety device to cover needle and dispose of needle in sharps container mounted on the wall in the patient's room. Outpatient draw areas have wall mounts or standing SHARPS units. **DO NOT RECAP THE NEEDLE**
14. Identify the patient properly by checking the armband with the generated labels. Label tubes with computer generated labels in the presence of the patient. Label includes patient's full name, medical record number, financial number, birth date and location. Phlebotomist will sign the main part of the label with their computer sign on and the time. They will also initial each test label and put the time on the label. (See example) Main Label will accompany tubes to laboratory and will be filed.
15. Return samples to the specimen processing department in the laboratory.

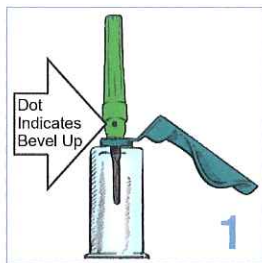
REFERENCE: Vacuette, Greiner Bio-one , Tech Service 1 888.286.3883 www.gbo.com



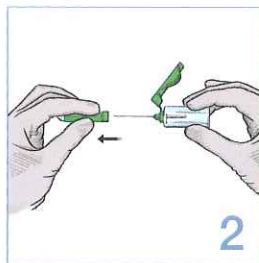
The VISIO PLUS Multi-Drawing Needle features a translucent plastic hub/view window which provides visual "flash" confirming vein penetration.



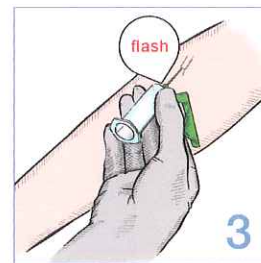
BD Vacutainer® Eclipse™ trademark is owned by Becton, Dickinson and Company



The dot on the needle cap indicates the location of the needle bevel.



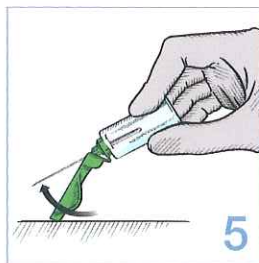
Remove the cap by pulling it away from the holder.



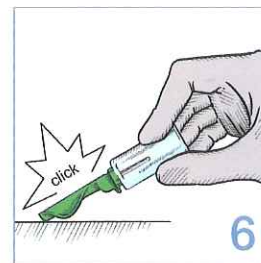
Commence the venipuncture. QUICKSHIELD Complete PLUS has a unique translucent hub that flashes red upon successful venipuncture.



Push the tube into the safety holder and onto the needle valve, puncturing the rubber sleeve. Center tubes when penetrating the cap to prevent sidewall penetration and subsequent premature vacuum loss.



Activate the safety shield by gently pressing the shield toward the needle on a stable surface.



An audible click is heard, ensuring the user the safety shield has been properly and fully activated. The risk of a needlestick injury is thus virtually eliminated.