I. PURPOSE

This procedure will provide a basic outline of the steps taken to collect a blood specimen. Ankle and feet veins should be accessed with RN or physician permission. Venipuncture collections in ankle or foot are contraindicated in diabetes and patients with circulatory complications.

II. MATERIALS

1. Single use latex free Tourniquet
2. 70% Isopropyl alcohol prep pads
3. Betadine Prep Pads
4. 2 x 2 gauze squares
5. Evacuated blood collection tubes
6. Evacuated blood collection tube single use holder (adapter)
7. Single use, safety device needles
8. Blood collection set- Safety Lok butterfly
9. Sterile Band-aid or tape
10. Latex free Gloves

III. PROCEDURE

1. Identify the Patient
   a. Sanitize hands;
   b. Outpatients: ask patient to state name and date of birth, comparing information to the requisition;
   c. Inpatients: ask patient to state name; compare name, date of birth, and medical record number on the label to the patient identification wristband.

   NOTE: No identification wristband, no draw. Discrepancies must be resolved before continuing with the venipuncture.

2. Verify diet restrictions (i.e.: for fasting specimens) as appropriate (for outpatients).
VENIPUNCTURE COLLECTION TECHNIQUE

3. Assemble and inspect the necessary supplies.

4. Gloves should be put on before the actual venipuncture occurs.

5. Reassure patient, never tell the patient it will not hurt.

6. Position the patient
   a. Seated patient: position arm on the slanted armrest and/or extend the arm to form a straight line from the shoulder to the wrist.
   b. Bed patient: a pillow or towel may be placed under the elbow to support the arm.

7. Apply the tourniquet.

8. Select the venipuncture site.
   a. Median cubital vein and cephalic veins are the most frequently used.
   b. Dorsal wrist and hand veins.
   c. Ankle and feet veins should be accessed with RN or physician permission.

**NOTE:** If unable to find a vein warming the area with a warming device may be needed.

9. Release the tourniquet.

10. Cleanse the site using 70% isopropyl alcohol, in circular motions from the center to the periphery, and allowed to air dry.

11. Reapply the tourniquet.

12. Confirm venipuncture site (do not touch area once it is cleansed), inspect the needle and other equipment.

13. Anchor the vein.

14. Insert needle, bevel up at a slight angle (30 degrees or less).

15. Push the evacuated tube completely into the adapter.
VENIPUNCTURE COLLECTION TECHNIQUE

16. Gently invert the specimens 4-5 times as they are collected.

17. Remove the tourniquet after good blood flow is established. If the tourniquet must remain on the patient, make sure to release the tourniquet before removing the needle. The tourniquet should not remain on the arm more than one minute.

18. Place gauze pad over the puncture site.

19. Remove the needle, activate any safety feature.

20. Apply pressure or have patient apply pressure.

21. Dispose of the needle, using the biohazard waste sharps container.

22. Label the tubes in front of patient according to laboratory labeling policy, record collection time and collector’s ID.

23. Examine the patients arm for excessive bleeding, if bleeding has stopped bandage the arm and ask patient to keep covered for at least 15 minutes.

24. Dispose used supplies, using the biohazard waste containers for biohazard material.

25. Remove gloves and wash hands.

26. Thank the patient.

27. Deliver specimens to the lab.

IV. REFERENCES


VENIPUNCTURE COLLECTION TECHNIQUE

