

**ARNOT HEALTH  
POLICY & PROCEDURE MANUAL**

**POLICY #:** LS.PAL.0010  
(replaces VII.iii.1190)  
**TITLE:** HEEL-STICK PROCEDURE

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**APPROVAL:** Dr. Lenhardt, MD, PhD 3/24/05  
Noemi Bentley, MT 3/24/05

**FACILITIES COVERED:**  AOMC     AMS     SJH     IDMH

**OWNER(S):** LABORATORY, CLA SUPERVISOR

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**HEEL STICK PROCEDURE:**

Recommended for infants less than 1 year old.

1. Gloves are to be worn with all heel-punctures.
2. Infants must be properly identified, using 2 patient identifiers.
3. The infant's foot should be warmed prior to blood collection using a warming device.

**Directions for Use for *Infant Heel Warmer:***

- a) Bend disc back and forth to activate.
  - b) Knead solution in the bag to soften and activate throughout.
  - c) To hold in place, wrap warmer around foot or selected area and attach perforated strap to other side.
  - d) Note: For warmer nurseries (75 degrees F and up) or premature babies, knead pack after activation for 30 seconds
  - e) To remove strap, tear strap where perforated.
4. Clean the puncture site with alcohol, allow to air dry.
  5. The site selected should be the lateral or medial plantar surface of the heel.

**Blood must not be obtained from:**

- a) Central area of an infant's foot (area of the arch). Punctures to this area may result in injury to nerves, tendons, and cartilage.
  - b) The posterior curvature of the heel.
  - c) Swollen or previously punctured site, because accumulated tissue fluid will contaminate the blood specimen.
6. Make a single puncture perpendicular to the surface of the skin in one smooth motion.
  7. After the full depth of the lancet's blade has penetrated the skin, remove the lancet in one upward motion and immediately discard it into an appropriate sharps container.

**Note: An immediate repeat puncture (double sticking) at the same site must be avoided.**

8. Wipe away the first drop of blood with a dry gauze pad, since the first drop is most likely to contain excess tissue fluid.

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**HEEL STICK PROCEDURE continued:**

9. An adequate flow of blood is obtained by applying moderate pressure, without squeezing the leg, ankle and ball of the foot in a “milking” motion.
10. Collect specimen in microtainer tubes following the reverse order of draw that is recommended for regular venipuncture. Seal the cap and gently invert to mix.
11. Following collection, apply direct pressure to the area with a clean gauze pad and slightly elevate the extremity until the bleeding stops. It is not advisable to apply adhesive bandages.

Reference: Procedures and Devices for the Collection of Diagnostic Capillary Blood Specimens;  
Approved

Standard – Fifth Edition, CLSI

Prepared By: Noemi Bentley, CLA Supervisor 03/24/2005

Approved By: Terence Lenhardt, MD, PhD 03/24/2005

Edited: Noemi Bentley 02/21/2014 to include ‘**Tiny Toes Infant Heel Warmer**’ device

Revision Approved and Signed: Dr. Terence Lenhardt, MD, Medical Director 2/21/2014

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Annual Review: Noemi Bentley 4/9/15; NB 6/8/16; NB 9/21/17; NB 03/12/18