## ARNOT HEALTH POLICY & PROCEDURE MANUAL

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TITLE: NEWBORN VENIPUNCTURE

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When a larger volume of blood is required, such as for blood culture or coagulation testing, blood can be collected from newborns or children younger than age 2 by venipuncture of the dorsal hand veins or the antecubital area. Veins in newborns are more pronounced on the dorsal surface of the hand than in the

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antecubital area. Veins in newborns are more pronounced on the dorsal surface of the hand than in the antecubital area. In addition, it is easier to immobilize the hand of an infant than it is to steady the entire arm, making hand veins the site of choice for neonatal venipunctures. If a vein on the back of the infant's hand will be attempted, the infant's hand should be curled into a fist to tighten the skin and help anchor the veins. However, in the absence of prominent hand veins and palpable veins on the antecubital area, the physician should be notified.

**Procedure:** The use of a syringe attached to a 23 or 25 gauge winged infusion set is often preferred for newborn venipunctures because of the small diameter of the veins. Follow guidelines for venipuncture procedures stated on the Phlebotomy manual, with strict adherence to patient safety, such as patient identification and latex sensitivity.

**Volume Considerations:** Blood collections on newborns should be carefully monitored with regard to their total blood loss through venipunctures so as not to induce anemia. See Table for Maximum Volume of Blood to be Drawn from Pediatric Patients on p.53f.

**Completing the Procedure:** It is imperative that collectors take extra precautions to retrieve all papers, supplies, and equipment from the crib. Small items can be easily ingested and cause suffocation; used sharps can inflict serious injury. A complete accounting of all items used in the area must be performed before leaving the infant.

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References: Becan-Mcbride K., Textbook of Clinical Laboratory Supervision, 1982

Phlebotomy Skills Training, CLSI (formerly NCCLS), 2005

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