POLICY #: LS.PAL.0007 **Page 1 of 3**
(replaces VII.iii.1205**)**
TITLE: PROBLEMS AND RESOLUTIONS IN VENIPUNCTURES

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OWNER(S): LABORATORY, CLA SUPERVISOR

TITLE: PROBLEMS/ RESOLUTIONS:

The phlebotomist is to make two attempts to obtain blood. After the second attempt, a more experienced phlebotomist should be recruited. This phlebotomist is to make only one attempt. Failure to obtain the specimen after three attempts must be referred to the floor for a physician draw. Make the appropriate notes both in the collection log and as a comment in the computer.

DIFFICULT DRAWS:

Look for alternate sites on the hands and feet. Request for a foot draw should be accompanied by a physician's order. Perform fingerstick if adequate volumes can be obtained. Ask that IVs be stopped. Check to see if the patient has an arterial or venous line.

HEMATOMA:

A hematoma or bruise is caused by blood leaking into the tissues around the venipuncture site. A hematoma can be painful to the patient, as well as unsightly. A hematoma may form if:

1. The vein is too small for the needle size.
2. The needle penetrates all the way through the vein.
3. The needle is inserted only partly into the vein.
4. The needle is removed while the tourniquet is still on.
5. Pressure is not adequately applied following venipuncture.

If a hematoma begins to form when the phlebotomist is drawing blood, the phlebotomist should immediately remove the tourniquet, withdraw the needle, and apply pressure. Remember the chances are great that the vein will be used in the near future. Take good care of it.

HEMOCONCENTRATION

Prolonged application of the tourniquet causes stagnation of the normal blood flow (venous stasis). When stasis occurs, the plasma portion of the blood filters into the tissues, causing falsely elevated blood counts.

HEMOLYSIS

Hemolysis results from the destruction of red blood cells and the liberation of hemoglobin into the plasma. Hemolysis can be caused by:

1. Mixing additive tubes too vigorously.
2. Drawing blood from a vein that has a hematoma.
3. Pulling back the syringe plunger too quickly.
4. Using a needle with too small a bore.
5. Using too large a tube when using a small diameter butterfly needle.
6. Forcing the blood from a syringe into evacuated tubes.
7. Not wiping away the first drop of blood from a skin puncture.
8. Excessive squeezing of the site when obtaining a skin puncture specimen.

PARTIALLY FILLED TUBES

Filling additive tubes until the vacuum is exhausted is important to maintain the proper ratio of blood to anticoagulant. Some tests, coagulation in particular, will be erroneous if the tubes are not full. Loss of vacuum due to cracks or outdated tubes can lead to improper filling.

PATIENT REFUSAL

Patients who refuse blood tests should not be forced if they are adults. Calmly explain that the physician has ordered the tests and that you will make every attempt to make the procedure painless. If the patient persists in the refusal, contact the head nurse and put "patient refused" in the collection log and on the lab requisition. Hold the orders until the floor contacts the phlebotomy department.

STREPTOKINASE or TPA ADMINISTRATION

Patients receiving either of these potent anticoagulants will have **green alert bracelet** notifying the phlebotomist that no venipunctures are to be performed. Contact nursing service for instructions.

VEIN COLLAPSE

Too much vacuum for the size of the vein can cause the vein to collapse. This can result from an evacuated tube that is too large or from pulling too forcefully on the plunger of a syringe.

Venipunctures should be performed using equipment that can help to reduce the stress exerted on a vein to prevent vascular collapse. Examples include a venous blood collection system with a 22-23 gauge needle or a 22-23 gauge winged blood collection set.

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