Phlebotomy-Venipuncture

Patient Approach: Greet patient in a friendly, professional manner. Follow Age Specific Criteria.
Ensure proper patient identification.
Use Universal Precautions.
Properly position patient for a safe puncture.
Assemble equipment. Verify paperwork and identify the patient using two identifiers.
Select vein site.
Apply tourniquet.
Cleanse puncture site.
Perform puncture. Collect required specimens.
Release tourniquet.
Remove needle. Mix necessary tubes.
Bandage site.
Label specimens at patient’s side. Complete collection data: ID, Date, Time.
Dispose of contaminated supplies. Dispose of sharps.
Wash your hands.
Properly transport specimens.

Fasting Blood Specimen

1. Patient should not eat 10-12 hours before having blood drawn.
2. Patient may drink water. No other type of liquid is allowed
3. It is best not to smoke or chew gum prior to having blood drawn.
4. Patient should take medications as directed by physician

Glucose Tolerance Test

Requires a 12 hour fast.

1. Patient should eat a full, well-balanced diet for 3 days before the test.
2. Patient should not eat for 12 hours before the test.
3. Patient may drink water. No other type of liquid is allowed.
4. It is best not to smoke or chew gum prior to starting the test.
5. No smoking during the test.

Occult Blood

Gastric Occult Blood
1. Don non-sterile exam gloves.
2. Obtain a sample of gastric contents per physician’s order.
3. Order the Gastroccult.
4. Place the specimen in a biohazard bag and send to the laboratory.
Fecal Occult Blood

Two consecutive specimens are recommended. Higher accuracy is achieved when two (2) fecal occult blood tests are performed on two (2) consecutive fecal samples due to intermittent bleeding.

1. Obtain Hemusure collection tube.
2. Don non-sterile exam gloves.
3. Collect patient’s stool in collection “hat” or bedpan as indicated. Sample may also be collected from the tip of a gloved finger post rectal exam.
4. Unscrew the purple cap of the Fecal Collection Tube and remove applicator stick. **Do not pour out solution.**
5. Randomly insert the applicator stick into the fecal sample three (3) to six (6) times using only enough fecal material to cover the tip of the applicator.
6. Do not clump, scoop, or fill the tube.
7. Return the applicator stick to the Fecal Collection Tube and tighten the cap completely.
8. Shake the tube to mix the sample with the Extraction Buffer.
9. Label with patient identification label at bedside.
11. Place specimen in biohazard bag with requisition sheet and send to laboratory.

24-Hour Urine Collection

For an exact evaluation of a 24-hour urine test, it is very important to do a proper and complete collection. Patient should not drink alcoholic beverages during collection process.

1. The patient will need to empty their bladder when they get up in the morning.
2. Record the date and time.
   
   Time: ____________________ A.M. Date: ____________________

3. Start collection of urine during the rest of that day and night.
4. Be sure to collect urine specimen in a clean receptacle. Pour the urine into the laboratory container. Be careful, as a preservative may have been necessary for your test.
5. Place urine container in the refrigerator every time a sample is collected.
6. Collect the last sample the next morning at the same time that the patient emptied their bladder the day before.
7. Record the date and time of completion.
   
   Time: ____________________ A.M. Date: ____________________

8. Order the 24 hour urine tests requested.
9. Bring the container to the laboratory as soon as possible after the 24-hour urine collection is completed.

Cerebrospinal Fluid

Submit immediately to the Clinical Laboratory.

   Tube Number 1: For chemical and immunologic studies – A minimum volume of 0.5 mL is required for routine tests of protein, glucose and chloride determination. Additional 1.0
mL is required for protein electrophoresis, quantitation of immunoglobulins and/or other serological tests.

Tube Number 2: For microbiologic examination – One (1.0) mL is generally adequate for routine culture. Additional minimum volume of 1.0 mL should be obtained for mycobacterial and/or fungal culture. Also an additional volume of 1.0 mL for Herpes Simplex Virus by PCR.

Tube Number 3: For cell counts – One (1.0) mL is required for cell count and differential. Cell counts are performed immediately (within 30 minutes after collection) with differential counts performed on stained smear and reported on percentage. A count will not be performed on a clotted specimen; a differential will be attempted only. A differential will not be performed on cell counts where WBCs = 0.

Synovial/Joint Fluids and Other Body Fluids

Fluids should be collected using sterile disposable needles with a sterile disposable plastic syringe. Submit immediately to the Laboratory. When adequate volume is obtained, divide the samples as follows:

1. For Microbiologic Examination – collect into a sterile tube.
2. For Microscopic Examination (Cell count and crystal examination) – Approximately 5.0 mL should be collected in an anticoagulated tube (lavender, EDTA). The specimen tube should be inverted gently 5-10 times to mix properly.
3. For Chemical and Immunologic Studies – The remainder of the specimen should be placed in a plain tube (red stoppered vacutainer tube containing no additives or gel). A minimum of 3.0 mL is required for routine tests.