

Phlebotomy Tip Sheet

Needed Equipment:

- Non sterile exam glove - Puncture resistant sharps container - Alcohol wipes – Tourniquet - Appropriate specimen collection lab tubes - 2 x 2 gauze – Tape - Evacuated tube holder – Butterfly - Gloves

Tying a tourniquet:

While holding both ends tight, tuck one portion under the other.

The ends should be pointed up, away from the intended venipuncture site.



PATIENT IDENTIFICATION

- A. Take the labels to the patient's chair
- B. Use the labels to identify the patient by comparing the patient name and date of birth on the label to the name and date of birth stated by the patient
- C. Collect samples only from patients with identification and labels that match

BLOOD COLLECTION

- A. Prepare the skin by cleansing well with 70% alcohol, working in concentric circles from the inner site to the outer area
- B. Allow to air dry, **do not** wipe with sterile gauze

Order of Blood Draw

1. Blood cultures
2. Blue
3. Plain Red or Gold
4. Green
5. Lavender
6. Gray
7. Other tubes

Mark specimens as "Collected in Epic.

Blood Cultures

1. MUST prep with Chloraprep by scrubbing back and forth for 30 seconds and allow drying for 30 seconds
2. Caps of bottles must be wiped with alcohol
3. When both aerobic and anaerobic bottles are to be collected, collect aerobic bottle first. (If using a syringe, dispense into the anaerobic first then aerobic.)
4. When cultures are marked as "collected", a micro requisition will print on the station. Retrieve and send along with the specimen
5. Document collection site on specimen labels along with collection time and collector's initials

Cap Color	Type of Tube	Times of Inversion
Blue	Sodium citrate	3-4
Yellow	Plain tube with gel	5-8
Red	Plain tube without gel	5-8
Green	Lithium Heparin	8
Purple	K2/K3EDTA	8
Gray	Sodium Fluoride	8

Flow of Blood Drawing for Multiple Tube Collections

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Troubleshooting:

Blood Sample That Cannot Be Obtained

It is advisable not to attempt a venipuncture more than twice.

Change the position of the needle. Move it forward (it may not be in the lumen)

- Or move it backward (it may have penetrated too far).
- Adjust the angle (the bevel may be against the vein wall).
- Re-anchor the vein. Veins sometimes roll away from the point of the needle and puncture site.

If blood stops flowing into the syringe/tube

- The vein may have collapsed; re-secure the tourniquet to increase venous filling. If this is not successful, remove the needle, take care of the puncture site, and redraw.
- The needle may have pulled out of the vein when switching tubes. Hold equipment firmly and place fingers against patient's arm, using the extension for leverage when withdrawing and inserting tubes.

If blood is bright red

- It is arterial, apply firm pressure for 5 minutes and check site

Common complications:

Syncope (fainting)

- Patients may become dizzy and faint at the thought or sight blood, this is the most common complication of phlebotomy. An automatic nervous system reaction, (psychosomatic trigger), usually based on fear.
- Abort draw: Remove tourniquet, needle and bend arm
- Call for assistance
- Using good body mechanics, slide patient to floor,
- Elevate feet above heart and monitor blood pressure, breathing, etc.
- Assist to upright position in stages (monitor B/P with each change in position) this is a gradual process. If patient stands up too quickly, he will most likely to faint again .

Scarred Vein

- Areas that have been burned or scarred should be avoided during phlebotomy. Burned area is very sensitive and susceptible to infection, whereas veins under scarred area are difficult to palpate.

Be aware of dialysis and cancer patients. Avoid drawing from same side as dialysis access or previous mastectomy.

Resources:

- ✓ HCMC Info Oncall - Departments - Laboratory
- ✓ HCMC Home > [Policies](#) > [Provision of Care, Treatment & Services - \(PC\)](#) - Collection of Patient Samples for Laboratory Tests
- ✓ HCMC Info Oncall - Clinical - [Mosby's Nursing Skills](#) (procedure manual)