



**COALINGA STATE HOSPITAL
NURSING POLICY AND PROCEDURE MANUAL
SECTION - Medications
POLICY NUMBER: 521**

Effective Date: August 31, 2006

SUBJECT: INTRAVENOUS BLOOD WITHDRAWAL BY REGISTERED NURSES

1. PURPOSE:

To obtain blood samples for clinical laboratory testing.

2. RESPONSIBILITY:

Registered Nurses who have a current Coalinga State Hospital approved Certification of Proficiency for blood withdrawal by venipuncture are authorized to perform this procedure upon order of physician.

Certification of Proficiency is obtained after successfully completing the approved CSH Certification for Intravenous Blood Withdrawal Training. A copy of the certificate, which indicates successful completion, can be found at the end of the procedure.

3. EQUIPMENT:

- A. Disposable gloves
- B. Tourniquet
- C. Syringe 10 cc. and 21X1 needle or vacutainer and adapter with 21X1 multiple sample needle.
- D. Vacutainer Tubes (refer to CSH Laboratory Manual for type(s) of tube(s).
- E. Proper laboratory slips, correctly, legibly and completely filled out.
- F. Alcohol sponges.
- G. Clean dry cotton balls
- H. Paper tape.

4. PROCEDURE:

<u>NURSING ACTION</u>	<u>RATIONALE/PRECAUTIONS</u>
A. Inform Individual of what you are going to do. Check for any blood precautions.	A. To obtain cooperation; it will lessen fear and resistance.
B. Perform hand hygiene. Wear exam gloves while you perform procedure.	B. Prevent self/Individual contamination during procedure.

C. Select site for venipuncture. Inspect both arms to find and use the best vein.	C. Ante-cubital fossa is usually best site. Be sure Individual is comfortable and well supported, either sitting or lying down.
D. Assemble syringe and needle/vacutainer.	D. syringe is preferable for fragile, collapsible veins. If using an adapter, assemble necessary tubes in an accessible location. It is also a good idea to have spare tubes in case a tube with no vacuum is encountered. Note: A tube may be introduced onto the needle inside the adapter, but only up to the line on the adapter; going further will penetrate the stopper and destroy the vacuum.
E. Lightly apply tourniquet half way between shoulder and elbow. Do not leave on for more than 2 min.	E. Use light to moderate pressure to distend veins enough to permit visualization or palpation.
F. Lightly palpate vein with fingertip. Keep the arm flat and extended. Use a support (e.g. book or Individual's other fist) under the elbow if necessary.	
G. Prepare the puncture site by rubbing vigorously in a 2-3 inch radius with 70% isopropyl alcohol. Allow alcohol to dry slightly or wipe away with a sterile cotton ball.	G. Disinfect puncture site.
H. Remove needle guard. Turn needle so that bevel is facing upward.	
I. Anchor skin and vein below puncture site with free thumb.	I. Prevent vein from rolling or sliding away from needle.
J. Align syringe/adapter with vein and puncture skin and vein with a smooth, gentle motion.	J. Be careful not to go all the way through the vein. When using a syringe, blood will appear in the neck of the syringe when the vein is entered. If, after 3 attempts, you are unable to obtain an adequate specimen, notify a physician for assistance.

<p>K. If using a syringe, withdraw the plunger smoothly. If using an adapter, brace the adapter with your holding hand and push the vacutainer tube onto the vacutainer needle with your free hand. Fill additional tubes as needed.</p>	<p>K. Pulling too hard on a syringe plunger will hemolyze the blood. Be careful not to move the needle when pushing or pulling Vacutainer tubes on and off.</p>
<p>L. When sufficient blood has been collected, remove the tourniquet. Withdraw the syringe/adapter and needle from the puncture site. Place a clean, dry cotton ball over the puncture site and apply pressure for at least one minute.</p>	<p>L. It is a good idea to remove the vacutainer tube from the adapter needle before withdrawing the needle from the vein; otherwise several drops of blood are likely to drip out of the needle. Applying pressure to puncture site with an alcohol soaked cotton ball actually lengthens the clotting process. Inadequate pressure will lead to bleeding and/or bruising and/or hematoma.</p>
<p>M. If using syringe, puncture the top(s) of the required tube(s) with the needle and allow the tubes to fill via vacuum.</p>	
<p>N. Dispose of needle using established hospital procedures - do not recap, bend, or cut needles.</p>	<p>N. Prevent self-contamination with Individual's blood</p>
<p>O. For all tubes other than red, or red/gray top tubes, gently invert 8-10 times to mix the blood and the anticoagulant.</p>	<p>O. Vigorous mixing or shaking will hemolyze the blood.</p>
<p>P. Before releasing Individual, inspect puncture site; if indicated, apply clean, dry cotton ball and tape in place.</p>	<p>P. Prevent delayed bleeding.</p>
<p>Q. Label specimen tubes with Individual's full name, CSH number, Unit number, date, and initials of person who drew blood.</p>	<p>Q. Proper identification of specimen.</p>

Note: If after 3 attempts you are unable to obtain a blood specimen, notify physician for assistance.

5. CHARTING IN WELLNESS AND RECOVERY NOTES

- A. Chart problem number, blood drawn and site drawn from, test ordered, time, date and when sent to the Laboratory.
- B. Chart Individual's response to the procedure.
- C. Sign name and title of employee completing note.

6. SENDING OUT BLOOD FOR REFERENCE LABORATORY TESTING OUT BLOOD FOR REFERENCE LAB TESTING

- A. If the lab test is not going to be performed in-house, arrange for transportation of the specimen to the proper Laboratory by the approved courier service, CSH Transportation, or CSH Protective Services. Transportation should occur as soon as possible.
- B. Fill out two forms legibly: one CSH laboratory requisition and one "contract lab" Miscellaneous Laboratory requisition.
 - All copies of contract lab forms are sent to the contract lab.
 - The CSH laboratory requisition, with the contract lab's requisition copy attached, is to be sent to the CSH Clinical Laboratory. Make sure that the date and time of collection, the reference laboratory used, the procedure(s) requested, and the phlebotomist's name are all specified.

**COALINGA STATE HOSPITAL
CERTIFICATION RECORD FOR
DRAWING OF BLOOD BY REGISTERED NURSES FOR TEST PURPOSES**

This is to certify that _____, R.N., License # _____ has completed the required course in intravenous blood withdrawal.

The Registered Nurse has been directly supervised in performing the following withdrawing of blood:

Either of the following may be used:

- 1. Vacutainer
- 2. Syringe

Instructor

- 1. _____ Date _____
- 2. _____ Date _____
- 3. _____ Date _____
- 4. _____ Date _____
- 5. _____ Date _____

Note: Instructor may require that the individual needs more than the five (5) minimum required for Certification.

Written evidence of the above education, examination and clinical demonstration shall be documented upon successful initial training (i.e. Certification), and thereafter on an annual basis (i.e. Recertification). The Training Center, Coordinator of Nursing Services, the Supervising Registered Nurse of the Infirmary Unit, and the Central Nursing Office will maintain a reference list of certified Registered Nurses.