Title: Procedure for Performing Phlebotomy

Purpose: To assist the laboratorian in performing phlebotomy in a safe and effective manner in order to obtain a Quality Control Preparation.

Procedure:
1. Laboratory staff must be trained before performing phlebotomy on a participant. Training is to be conducted by either the Lab Director or the Lab Manager. Please refer to the Procedural Worksheet for Assessing Competency for documentation.

2. In keeping with the Needlestick Safety and Prevention Act, the Becton Dickinson (BD) Vacutainer Eclipse Blood Collection Needle is used when performing phlebotomy. It features a safety shield that allows for one-handed activation to cover the needle immediately upon withdrawal from the vein reducing the possibility of needlestick injuries.

3. Laboratory policy dictates there will be no recapping, purposeful bending, breaking, removing from disposable syringes or other manual manipulation of needles.

4. Gloves, the vacutainer holder and the tourniquet are all strictly single use items only.

5. After the appropriate informed consent process and documentation has been obtained, phlebotomy may be performed.

6. Identify the participant.

7. Invite the participant to be seated comfortably in a chair with either an armrest or at a table on which the arm can be placed and firmly supported. Ensure this is a comfortable and convenient position for both the participant and phlebotomist.

8. Inquire if the participant is sensitive or allergic to latex. If not, latex gloves and tourniquets may be used. If latex sensitivity is indicated, use latex alternative gloves and tourniquets available in A122.

9. Observe universal precautions at all times. Wear a lab coat and gloves. Refer to the Procedure for Universal Precautions.

10. Inspect and evaluate both arms to find the most prominent, palpable vein. Tie a tourniquet around the upper arm and ask the participant to open and close
his/her hand a few times in order to engorge the vein with blood. Veins can usually be felt beneath the skin. Select a large, firm vein in an area that is free of skin lesions and remove the tourniquet so that pressure is not maintained longer than is necessary.

11. Have the following supplies ready and close at hand: the correct number and type of vacutainer tubes, vacutainer holder, BD Vacutainer Eclipse Blood Collection Needle, cotton balls, alcohol wipes, and a bandaide.

12. Prepare the area of the arm at least 1.5 inches in all directions from the intended site of venipuncture. Wipe this area of the arm with an alcohol wipe starting at the intended site working outwards and allow the skin to sufficiently dry.

**It is very important to observe the participant throughout the following process and ask if he/ she is ok to ensure no adverse reactions are beginning to occur.**

13. Tie a tourniquet around the upper part of the appropriate arm. Remove the opaque end of the needle and gently screw that end of the needle into the vacutainer holder. Push the vacutainer tube all the way into the holder so that the rubber stopper just reaches the guide line. The short needle is then embedded in the rubber stopper but does not penetrate through it to break the vacuum. Remove the green cap of the needle, tell the participant that they will feel a poke and insert the needle into the vein. After the needle is inserted into the vein, push the vacutainer tube all the way into the holder so that the vacuum is broken and blood flows into the tube. Vacutainer tubes are supplied with a sufficient vacuum to draw a predetermined volume of blood and are sealed with a rubber stopper. After the blood flow ceases, the tube may be removed and another tube inserted into the holder, or if only one tube is needed, remove the tourniquet and withdraw the needle. Push the purple safety shield over the needle until it is firmly in place and dispose of the needle/vacutainer holder device into the biohazard sharps container. Proceed to step 14.

14. If no blood is drawn, remove the tourniquet, withdraw the needle and push the purple safety shield over the needle until it is firmly in place and dispose of the needle/vacutainer holder device into the biohazard sharps container. Immediately check the venipuncture site. Apply pressure with a cotton ball for a few minutes or have the participant hold the cotton ball in place and apply a band-aide over the cotton ball. If the participant is willing and another vein in the other arm is identified, another attempt may be made.

15. Immediately check the venipuncture site. Apply pressure with a cotton ball for a few minutes or have the participant hold the cotton ball in place and apply a band-aide over the cotton ball.
16. Label the vacutainer tubes with the participant’s initials, date and time of collection. Mix the vacutainer tubes gently by inversion. Allow sufficient time to clot and centrifuge the vacutainer tubes according to manufacturers directions.

17. The participant may stand when comfortable and his/her condition appears satisfactory.

18. Log the participant’s initials, date and time of collection and your initials on the Phlebotomy Log Sheet located in the Phlebotomy Notebook in Room A124A.

19. Should an adverse reaction such as weakness, sweating, dizziness, nausea, vomiting, or fainting occur: Remove tourniquet and withdraw the needle from the arm at the first sign of an adverse reaction during the phlebotomy.

   a. If nausea or vomiting occurs, make the participant as comfortable as possible, instruct them to breathe slowly and deeply, apply a cold compress to their forehead, turn their head to side and get an OSEH bucket for a receptacle. Offer the participant a glass of water.

   b. If a participant becomes faint or dizzy have them lie down or sit down with their head between their knees. If fainting occurs, place the participant on his/her back and raise their feet above the level of their head, loosen tight clothing, apply a cold compress to their forehead and check their pulse.

   c. If bleeding persists from the venipuncture site, raise their arm and apply pressure.

   d. Alert the Lab Manager or Lab Director and call 911 in case of emergency.

20. Technologists will provide feedback to staff performing phlebotomy if poor specimens are obtained. Proper phlebotomy procedures are essential in obtaining quality specimens.