

 Saskatchewan Health Authority	POLICIES & PROCEDURES Title: PHLEBOTOMY: VENIPUNCTURE RN Specialty Practice: RN Procedure ID Number: 1191
Authorization: <input checked="" type="checkbox"/> Former SHR Nursing Practice Committee	Source: Nursing Date Effective: February 28, 2018 Scope: Former SKtnHR Acute Care - Urban and Home Care HITP

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1. DEFINITIONS

HITP: Home Care Intravenous Program

MRHP: Most Responsible Healthcare Provider

Venipuncture: Is the most common method of obtaining blood specimens for testing. The two methods are by syringe or vacutainer. It involves inserting a hollow-bore needle into the vein to obtain a specimen. For multiple specimens a vacutainer is preferred.

2. ROLES

Registered Nurses (RNs): RNs identified by their manager in targeted practice settings will be certified in the RN Specialty Practice RN Procedure: Venipuncture.

3. PURPOSE

- 3.1 To safely obtain high quality blood specimens for lab testing from veins.
- 3.2 To minimize the risk of infection, hematoma, bleeding and other complications associated with accessing the circulatory system.

4. POLICY

- 4.1 Registered Nurses (RNs) who have completed and are proficient in the Registered Nurse Specialty Nursing Practice (RNSP) competencies shall draw blood using venipuncture. First option for blood testing would be to have sample taken by laboratory medicine phlebotomists.
- 4.2 The RN certified in this RNSP in acute care will have first completed the following learning modules/activities prior to performing venipuncture for the purpose of withdrawing blood for testing:
- Review the policy and procedure.
 - Successfully complete the self-directed learning module for Venipuncture.
 - Be deemed competent in the competencies and policies:
 - [Central Venous Catheters-Blood Withdrawal # 1042 \(PICC, Short term, Tunneled Implanted\)](#)
 - [Intravenous and/or Peripheral Saline Lock Insertion and Maintenance #1118](#)
 - Complete a skills check list with a certified nurse.
 - MRHP order is required.
- 4.3 The RN certified in this RNSP in Population and Public Health will:
- Complete learning module,
 - Practice on an arm model
 - Attend practicum in RUH Test Centre
 - Complete check list with certified nurse.
 - Medical directive is followed
- 4.4 Appropriate personal protective equipment (PPE) shall be worn.
- 4.5 All methods of venipuncture are sterile procedures.

5. PROCEDURE

- 5.1 Assemble equipment:
- Chlorhexidine swab/alcohol pad - agency approved disinfectant
 - Appropriate PPE (i.e. clean gloves)
 - Small pillow or folded towel.
 - Sterile 5cm x 5cm gauze pads
 - Tourniquet
 - Bandage or adhesive tape
 - Patient labels
 - Hazard bag (plastic bag)

For syringe method – sterile safety needles

- Sterile 10-20 ml, luer lock syringe
- Needle free transfer device SKU 122154

- Appropriate blood tube containers

For vacutainer method –Vacutainer and safety access device with luer lock adapter

- Sterile double needles
- Appropriate blood tube containers

For butterfly catheter method:

- Sterile 6-12 ml syringe
- 23 or 25 gauge butterfly needle
- Needle free transfer device
- Appropriate blood tube containers

5.2 Special Considerations: See related policies

- Do not draw off peripheral lines
- Prior to accessing the vein, for any reason, nurses must perform appropriate Hand Hygiene procedures (Infection Prevention & Control policy 20-20)
- To decrease the risk of contamination, accessing veins should be kept to a minimum.
- Tourniquet should not be left on longer than 60 seconds.
- Peripheral pulse should be palpable below tourniquet. If not remove tourniquet, wait 60 seconds and reapply more loosely.
- For order of blood tube withdrawal refer to Laboratory medicine web page:
https://www.saskatoonhealthregion.ca/locations_services/Services/Pathology-Laboratory-Med/healthpractitioners/Documents/Job%20Aids/Laboratory%20Blood%20Specimen%20Tube%20Type%20Collection%20Chart.pdf
- For proper labeling of blood tubes refer to laboratory medicine web page:
https://www.saskatoonhealthregion.ca/locations_services/Services/Pathology-Laboratory-Med/healthpractitioners/Documents/Job%20Aids/Labeling_Patient_Specimens_for_the_Laboratory.pdf

5.3 Bring equipment to bedside or community site.

5.4 Confirm patient's identity using minimum of 2 identifiers. Explain procedure to patient.

5.5 Assess upper extremities for appropriate veins.

5.6 Perform hand hygiene and don PPE

5.7 Cleanse skin at intended puncture site with chlorhexidine/alcohol prep and allow to dry.

5.8 Apply tourniquet 5-10 cm above venipuncture site.

5.9 Insert needle, bevel up, into chosen vein. Allow syringe to fill to desired amount. If using vacutainer, insert tubes into vacutainer. Allow tubes to fill. Gently invert lavender tubes 8-10 times and gold tubes 5 times to ensure blood and reagents are well mixed.

- 5.10 Remove tourniquet, place gauze pad gently over needle insertion site, remove needle, activate safety mechanism and apply direct pressure until bleeding has stopped. Then apply a dry dressing or band aid.
- 5.11 Remove PPE and perform hand hygiene.
- 5.12 Don clean gloves and wipe tops of blood tubes with agency approved cleanser. Remove gloves and perform hand hygiene.
- 5.12 Label tubes, place in approve protective bag and send to lab with completed requisitions.
- 5.13 Document date, time and method of collection, description of site and patients response to procedure.

6. REFERENCES

Perry, A.G., Potter, P.A., and Ostendorf, W. R., Clinical Nursing Skills and Techniques, 9th Edition, St. Louis, Elsevier. 2018 pp193-201

[S:\Nursing Practice & Education\Education Resources\Infusion Nursing Standards\INS 2016 Policy and Procedures.pdf](#) pp185-189

WHO guideline on drawing blood: Best practices in phlebotomy 2010

http://apps.who.int/iris/bitstream/10665/44294/1/9789241599221_eng.pdf, retrieved December 14, 2017 pages 12-20