

New CLSI Venipuncture Guidelines

CLSI, *Collection of Diagnostic Venous Blood Specimens*, 7th ed. Standard GP41, April 2017 is finally available. This replaces the standard from October 2007 so this has been a long time coming. There was a complete reorganization of the content to make it consistent with the principles of a Quality Management Systems document.



Other changes include:

- Greater detail on Patient ID, specimen labeling, patient positioning, collecting from mastectomy patients, tourniquet use, adverse reactions, needle relocation, prioritizing veins in the antecubital area, and preventing iatrogenic anemia.

Special Points of interest:

- “The phlebotomist should ask the patient if he has problems with blood draws or other conditions or complications associated with specimen collection.”

Patient identification is crucial. All inpatients must have ID bands affixed to their person unless exempted by facility policy (i.e. patients in long term care facilities). Specimens are not to be collected until all identified discrepancies are resolved. When requesting information from the patient, make sure to ask open-ended questions. **Ask patient to state and spell his first and last name. Patients must have a unique identifier – i.e. his medical records number for inpatients or birthdate for outpatients.** Information must be verified with the test request. The same information must be obtained from patients without ID bands or those patients who are unable to participate in the identification process, by verifying information with a family member or caregiver. Then name of the verifier must be documented along with the alternative ID process. The unidentified emergency patient must be given a temporary but clear designation until accurate ID is made.

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The phlebotomist should ask the patient if he has problems with blood draws or other conditions or complications associated with specimen collection. The phlebotomist need only ask about latex allergy if latex supplies are used otherwise just a general question about allergies is acceptable. Verify any diet restrictions such as fasting. If the patient has a history of fainting, he must be put into a recumbent or a reclined position.

- Changes to what constitutes acceptable venipuncture sites. Preferred venipuncture sites include the antecubital fossa and the back of the hand. Prioritization for the antecubital veins are as follows: 1) Veins in the median aspect (center of the arm), 2) Veins in the lateral aspect (outer thumb side), i.e. cephalic vein, 3) Veins in the medial aspect (inner little finger side), i.e. basilic vein. Arterial punctures shall not be considered an alternative to venipunctures. Veins on the palmar surface of the wrist and the lateral wrist above the thumb to the mid-forearm must not be used. Written physician permission is required for any ankle or lower leg draws or for a venipuncture on the same side as a mastectomy, including a bilateral mastectomy, regardless of the time that has elapsed since the surgery.

Tourniquet application must not exceed one minute before accessing the vein in order to prevent hemoconcentration. Because of the prevalence of MRSA and other pathogens on previously used tourniquets, single-use tourniquets are recommended to prevent the spread of healthcare-acquire infections.

NEW CLSI Venipuncture Guidelines—con't

“The order of draw is the same whether the specimens are collected by evacuated tube method or by syringe and is also the same for plastic or glass tubes.”

While 70% isopropyl alcohol is still the recommended antiseptic of choice, the procedure now states to “cleanse the site with friction” not using concentric circles from inside to outside. Studies suggest that the friction scrub with movement back and forth is superior to concentric circular cleaning. The site must still be allowed to air dry before performing the venipuncture. Also a reminder that once the site is cleaned, if it is necessary to repalpate the site, the gloved finger must also be cleaned with alcohol in order to not contaminate the site.

No changes in the needle insertion, just a reminder about anchoring the site 1- inches **below, not above** the insertion site to reduce the risk of an accidental needlestick.

The **order of draw** is the same whether the specimens are collected by evacuated tube method or by syringe and is also the same for plastic or glass tubes. This order is recommended due to the carryover from one tube to another.

1. Blood culture tube (yellow with SPS) or blood culture bottles
2. Sodium citrate tubes (light blue)
3. Serum tubes – non additive and additive tubes and gels (red, SST)
4. Heparin tubes – with or without gel (light green or dark green)
5. EDTA tubes – with or without gel (lavender, pearl white or pink)
6. Sodium fluoride/potassium oxalate with antiglycolytic inhibitor (gray)

NOTE: Only blood cultures, glass non additive tubes or plastic tubes without clot activator may be collected before the coagulation tube (light blue)

- Information on trace elements tubes in regards to the order of draw.

Syringes must not be used for trace element collections that include testing for cobalt and chromium because the plunger tip contributes such elements to the specimen.

Reminder that the label on the tube must contain: patient’s first and last name, patient specific identifier, collection date and time and the identity of the person that collected the specimen. The labeled tube must be compared to the patient’s armband (inpatient) or have the patient verify that the information on the tube is correct (outpatient).

- Chapter 3 includes recommendations to follow in situations in which blood cannot be obtained.
- Chapter 4 covers complications associated with blood draws including: blood collection related injury, ways to prevent hemolysis, monitoring blood volume, and first aid and emergency situations.
- Chapter 5 includes: collection of specimens for blood culture and therapeutic drug monitoring, collections from VADs (vascular access devices) and collections from patients in isolation settings.
- Chapter 6 covers Quality Management System Elements and includes descriptions of the quality system essentials (QSEs) as they apply to the venipuncture process.

There are numerous appendices that contain other supplemental information pertinent to the venipuncture process. Every laboratory should have a copy of this revised guideline in their facility. A copy of this document can be obtained from CLSI from www.clsi.org or by going to Phlebotomy Education Center at www.phlebotomy.com.

Top 10 Errors or Omissions of a Basic Venipuncture

1. Not asking about prior complications/incidents (fainting) with blood draws.
2. Not releasing the tourniquet with one minute.
3. Not recleaning site after repalpating the site with uncleaned glove.
4. Not filling all tubes to the correct level of fill.
5. Not observing the site for at least 5 seconds prior to bandaging.
6. Not examining both arms for the most prominent and appropriate vein.
7. Not inverting each tube immediately after filling.
8. Not comparing labeled tubes with the ID band or asking outpatient to confirm that the labeling is correct.
9. Permitting patient to pump his fist.
10. Not introducing self and stating purpose of your visit

Always remember to introduce yourself and state your purpose of the visit.

The Lab Draw Answer Book

By Dennis and Catherine Ernst

New from The Center for Phlebotomy Education is this book which has answers to hundreds of the most frequently asked questions on collecting blood samples for laboratory testing.

Chapters include:

- Safety & Infection Control ▪ Training, Management & Certification
- Skin Punctures, Heelsticks, & Pain Management
- Patient Identification, Vein Selection & Site Prep
- Tourniquets & Butterflies ▪ Order of Draw & Discard Tubes
- Hemolysis & Potassium Issues ▪ Blood Cultures
- Labeling & Post-venipuncture Care ▪ Line Draws & IV Starts
- Processing, Storage & Transportation ▪ Patient Injuries & Complications
- Unorthodox Techniques ▪ Miscellaneous

For more information go to: www.phlebotomy.com or call 866-657-9857

Introducing Phlebotomy Certification Exam – PH10

As of October 6, 2017 PH10 is the new phlebotomy certification exam available online. The exam reflects changes in the CLSI venipuncture guideline both in the online exam and the practical exam. The phlebotomy portion of the Patient Care Technician exam has also been updated.

CONTINUING EDUCATION RESOURCES AVAILABLE

Media Lab

Medtronic Academy (ECG)

Texas Dept. of State Health CE Service

Health Stream

Cardio Village

MTS Lab Training Library

CEUfast Nursing CE

Phlebotomy Center

ABP, Inc.