PURPOSE:
To obtain blood specimen for diagnostic analysis using a needle and syringe.

CONSIDERATIONS:
1. Patient preparation is important for successful venipuncture, especially with difficult sticks. Taking the time to prepare patient will enhance the outcome. Consider the following:
   a. Instruct patient to hydrate prior to venipuncture.
   b. If able prior to venipuncture, have patient take a hot bath or shower or apply heat to the area for about 5–10 minutes to dilate the veins.
   c. Keep extremities warm prior to venipuncture, for instance wear a long sleeve sweater if air conditioner is on.
   d. Place extremity in a dependent position.
2. Position patient comfortably in bed with arms resting at sides or upright in chair with arm supported on armrest or table.
   [Note: Position yourself comfortably also, sit or stand so that you have adequate lighting and access to the vein.]
3. Determine if patient is allergic to anything that may be placed on the skin, such as latex, iodine or adhesive.
4. Obtain needed equipment, supplies and tubes prior to venipuncture. Have at least 2 tubes of each kind that you will need.
5. Avoid drawing blood from extremity used for IV infusion. If one must collect blood near an IV site, choose a location below it to prevent erroneous results.
6. Most common venipuncture sites are the antecubital fossa, median antecuital vein, cephalic vein and metacarpal veins.
7. Apply tourniquet 4 to 6 inches above the venipuncture site, have patient make a fist several times.
   [Note: Depending on the vein dilation the tourniquet may need to be tighter. If there is too much dilation it may be loosened.]
8. If unable to find an adequate vein within 5 minutes, release the tourniquet to allow blood flow before reapplying the tourniquet.
9. Check agency policy for the number of attempts at venipuncture. (Typically not more than 3 attempts should be tried. If not successful, notify physician.)
10. General order of sample collections:
   a. First: Blood culture tubes or vials.
   b. Second: Coagulation tube (e.g., blue-top tubes).
   c. Third: Serum tube with or without clot activator or gel (e.g., red, gold, or speckle-top tubes).
   d. Fourth: Heparin tubes (e.g., green-top tubes).
   e. Fifth: EDTA tubes (e.g., lavender-top tubes).
   f. Sixth (Last): Oxalate/fluoride tubes (e.g., gray-top tubes).

EQUIPMENT:
Gloves
Tourniquet
Alcohol applicator (wipe/swab/disk/ampule)
Vacutainer tubes (color-coded)
Tube-holder
Syringe & needle (gauge dependent on venous status)
Transfer device
2x2 gauze sponge, sterile
Self-adhesive bandage
Tape
Puncture-proof container
Impervious trash bag

PROCEDURE:
1. Adhere to Standard Precautions.
2. Explain the procedure and purpose to the patient/caregiver.
3. Assemble the equipment on a clean surface close to the patient.
4. Place patient in comfortable position, making sure that site is accessible.
5. Prepare needle and syringe.
6. Apply tourniquet above selected puncture site.
7. Clean site with alcohol applicator. Allow to air dry.
8. Anchor vein by holding skin taut.
9. Remove needle cover, insert needle into vein at 15-30 degree angle with bevel facing up.
10. Gently pull back plunger or syringe so the blood enters the tube. (Important to hold needle and syringe still to prevent perforating the vein.)
11. When blood fills the syringe, release tourniquet.
12. When syringe is full, gently remove needle. Place 2x2 gauze over puncture site, withdraw needle slowly. Needle should be removed at an angle nearly flush with the skin to prevent injury to the wall of the vein. Activate safety device (cover needle with protective shield.).
13. Apply firm pressure to area until bleeding stops.
14. Transfer blood gently into appropriate tubes in order noted previously. It is best if a transfer device is used. Those tubes containing additives are gently inverted 5 to 6 times to mix the sample thoroughly. DO NOT shake the tube.
15. Apply self-adhesive bandage to puncture site.
16. Discard soiled supplies in appropriate containers.
17. Label tube with patient's name, date, time drawn.
AFTER CARE:

1. Complete Lab Requisition. (See Laboratory, Specimens and Venipuncture- Obtaining and Transporting and Requisition Documentation)

2. Document in patient's record:
   a. Procedure and observations.
   b. Blood samples drawn, identity and location of laboratory where specimens taken.
   c. Appearance of venipuncture site.
   d. Patient's response to procedure.
   e. Instructions given to patient/caregiver.