ELSEVIER Clinical Skills

Blood Specimen Collection: Blood Cultures (Home Health Care) – CE

CHECKLIST

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Step	S	U	NP	Comments
Before Arrival to the Home				
Reviewed the patient's electronic health record for history and the practitioner's orders.				
1. Assessed the patient's history for risks associated with venipuncture, such as anemia, anticoagulant therapy, low platelet count, a bleeding disorder, venous collapse, traumatic venipuncture, or phlebitis.				
2. Assessed the patient's history for contraindications for specific venipuncture sites.				
3. Reviewed the practitioner's orders for blood specimens and any additional laboratory test required during venipuncture and compared them with the laboratory requisitions and labels.				
4. Reviewed orders for two blood culture specimen sets. Compared them with the laboratory requisitions and labels.				
Reviewed other resources as needed.				
1. Reviewed the anatomy of the venous system and the organization's practice for the preferred veins for venipuncture.				
2. Reviewed the manufacturer's instructions for using a blood culture vacuum-extraction system or a syringe and needle for the collection.				
3. Determined whether precautions or preconditions must be met before the collection of blood specimens for other laboratory tests.				
4. Identified the appropriate laboratory tubes and bottles and validated the sequence in which the specimens were to be collected (if multiple specimens were required) and the volume required for each test with the laboratory.				
5. Identified special requirements for the laboratory specimen.				

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6. Reviewed the laboratory's requirements for labeling and handling the specimens.				
Upon Arrival to the Home				
Blood Specimen Collection via Venipuncture				
Upon arrival to the home, performed hand hygiene and donned gloves and appropriate PPE based on the patient's signs and symptoms and indications for isolation precautions.				
Introduced self to the patient, family, and caregivers.				
Verified the correct patient using two identifiers.				
Explained the procedure to the patient, family, and caregivers and ensured that the patient agreed to treatment.				
Verified the practitioner's order and assessed the patient for pain.				
Prepared an area in a clean, convenient location and assembled the necessary supplies.				
Determined whether antibiotics were administered before specimen collection and informed the practitioner and laboratory of the time of antibiotic administration. If cultures were needed while the patient was receiving antibiotic therapy, obtained the specimen shortly before the next antibiotic dose.				
Determined the patient's ability to cooperate with the procedure and his or her experience with blood specimen collection.				
Reviewed the patient's history of venipunctures and asked about signs of adverse responses to previous venipunctures.				
Assessed the patient for anxiety or fear related to the procedure. Provided reassurance and inquired about how to provide comfort.				
Assessed the need to apply a local anesthetic to reduce pain from the				

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venipuncture, per the organization's practice.				
Assessed the patient for an allergy or sensitivity to antiseptic or analgesic agents or to latex.				
Assessed the patient for sites contraindicated for venipuncture.				
Assessed the patient's hydration and perfusion status.				
At the patient's side, completed laboratory requisitions or orders. Obtained computer-generated labels if available. Compared the labels with the patient's self-identification (per the organization's practice) by having the patient confirm the spelling of his or her full name and date of birth (when possible). Did not draw blood if there was a discrepancy between the laboratory requisitions or labels and the patient's identity.				
Provided privacy for the patient.				
Ensured that the lighting was appropriate for observing vein contours and colors.				
Raised or lowered the bed or chair, if possible, to a comfortable working height.				
Assisted the patient to a comfortable seated or low-recumbent position and had the patient remove gum, mints, or food from his or her mouth.				
Was prepared to manage a venipuncture-associated vasovagal or seizure reactions for an at-risk patient.				
Indicated the volume of blood needed for each test on the label on each bottle.				
Supported the patient's arm and extended it to form a straight line from the shoulder to the wrist. Placed a small pillow or towel under the upper arm or placed the arm on the arm rest of the chair or on a table.				
Placed a clean cloth or paper drape under the patient's arm.				
Identified the best sites for venipuncture per the organization's practice, avoiding contraindicated sites, such as IV access sites.				

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1. Chose a vein that was easily visible without applying a tourniquet.				
2. If a tourniquet was deemed necessary, applied a single-use tourniquet proximal to and four to five finger widths above the site. If the venipuncture site would be on the same arm as an IV infusion site, placed the tourniquet between the IV infusion site and the intended venipuncture site.				
3. Palpated the selected vein for firmness and rebound. Did not use a vein that felt rigid or cordlike or one that rolled when palpated.				
4. Instructed the patient to make a fist without vigorously opening and closing it.				
5. If the selected vein could not be palpated or viewed easily, applied a warm compress over the extremity for several minutes (per the organization's practice). If a tourniquet was used, removed the tourniquet and applied a warm compress for several minutes and then reapplied the tourniquet.				
6. Inspected the vein to confirm the selected venipuncture site. If a tourniquet was reapplied, quickly inspected the vein distal to the tourniquet, then released the tourniquet. Did not select a vein on the ventral surface of the wrist.				
Applied a topical anesthetic, as prescribed or per the organization's practice. Removed the anesthetic completely from the skin after the prescribed dwell time.				
Prepared the collection equipment using bottles, holders, needles, syringes, and transfer devices from the same system and manufacturer.				
1. Chose an appropriate-size needle that was small enough to fit in the vein but did not cause hemolysis.				

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2. If using a winged-butterfly needle system, ensured that the venipuncture needle with tubing and a safety device was securely attached to the vacuum-extraction system collection barrel. Alternatively, and if required, removed the sterile cap from the rubber sheathed end of the winged-butterfly needle tubing and made the Luer-lock connection of the sheathed needle and the collection barrel. If a single-ended, winged-butterfly needle with tubing was used, made the Luer-lock connection between the needle and the collection barrel housing of a sheathed needle. Kept the needle hub and the connection sites sterile. Used a new collection barrel for each patient. Did not detach the needle from the collection barrel for disposal after use.				
3. If using a vacuum-extraction system, positioned the culture bottles securely, upright and close enough to the venipuncture site so that the tubing connected to the needle reaches from the selected vein to the upright bottle. Rested the collection barrel over the aerobic bottle. Waited to puncture the rubber stopper with the sheathed needle. Did not contaminate the top of the bottle after it was prepared with alcohol.				
4. If using a winged-butterfly or straight needle attached to a syringe, positioned the culture bottles securely upright and placed a sterile transfer device housing a rubber-sheathed needle within reach. Did not contaminate the transfer device or the top of the bottle after it was prepared with alcohol.				
Located the selected venipuncture site.				

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Performed hand hygiene and donned gloves and appropriate PPE based on the patient's signs and symptoms and indications for isolation precautions.				
Prepared the venipuncture site.				
1. Cleansed the skin with alcohol, then allowed to dry completely.				
2. Prepared the insertion site with greater than 0.5% chlorhexidine in alcohol solution, using a back-and-forth motion for a minimum of 30 seconds, and allowed to dry completely.				
3. Disinfected the culture bottle tops with 70% isopropyl alcohol.				
Obtained the blood culture specimens.				
1. Located the selected venipuncture site. If a tourniquet was deemed necessary, reapplied the tourniquet and located the vein.				
2. Removed the cap from the venipuncture needle, maintaining the needle's sterility. Informed the patient that he or she would feel a stick. If contamination occurs, discarded the needle and the collection barrel or syringe in a sharps container and prepared a new venipuncture set.				
3. Placed the thumb or forefinger of the nondominant hand distal to the venipuncture site and gently stretched the patient's skin distal to the patient until it was taut and the vein was stabilized.				
4. If using a butterfly needle, held it by the wings; if using a straight needle attached to a syringe, held it at the hub. Inserted the needle at a 30-degree angle with the bevel up, just distal to the selected site.				
5. Slowly inserted the needle into the vein.				
Transferred the specimen to the culture bottles.				

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1. Butterfly-winged needle device method				
a. Placed a safety device on the syringe and distributed the blood volume evenly between the two culture bottles. Ensured a minimum of 10 ml for each bottle. Filled the aerobic bottle first.				
i. Without dislodging the needle from the vein, pushed the attached collection barrel onto the prepared aerobic culture bottle by inserting the sheathed needle through the rubber stopper so the vacuum pulled the blood into the bottle. Collected a minimum of 10 ml of blood into the aerobic bottle.				
ii. Detached the collection barrel and inserted the sheathed needle through the rubber stopper of the prepared anaerobic bottle. Ensured that the culture bottle received a minimum of 10 ml of blood.				
b. Detached the collection barrel after the anaerobic bottle was filled with 10 ml.				
c. If additional blood specimens were required for other laboratory tests, inserted additional specimen tubes into the collection barrel and engaged the sheathed needle, as needed. After tubes containing additives were filled with blood, gently turned them up and down immediately. Kept the bottles upright.				
d. If the blood flowed sufficiently into the bottles or tubes and a tourniquet was used, released the tourniquet just before filling the last specimen tube or syringe. If blood flow was slow, and a tourniquet was used, waited to				

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release the tourniquet until the last bottle or tube was almost full.				
e. Applied a sterile 2 × 2-inch gauze pad over the venipuncture site, but did not apply pressure. Quickly but carefully withdrew the needle from the vein, activating the safety mechanism to prevent an accidental needlestick injury.				
f. Immediately applied pressure over the venipuncture site with gauze until bleeding stopped.				
g. Observed the venipuncture site for bleeding for 5 to 10 seconds before applying a bandage. Used tape or a bandage to secure the gauze and allowed it to remain in place for at least 15 minutes. Instructed the patient not to bend his or her arm.				
2. Needle and syringe method				
a. Gently aspirated 20 ml of blood into an appropriate-size syringe. Carefully assessed the patient for the potential for venous collapse when using a syringe barrel that was 10 ml or larger.				
b. If the blood was flowing sufficiently and a tourniquet was used, released the tourniquet just before filling the syringe.				
c. Applied a sterile 2 × 2-inch gauze pad over the venipuncture site, but did not apply pressure. Quickly but carefully withdrew the needle from the vein, activating the safety mechanism to prevent an accidental needlestick injury.				
d. Immediately applied pressure over the venipuncture site with gauze until the bleeding stopped.				
e. Observed the venipuncture site for bleeding for 5 to 10 seconds before applying a bandage. Applied gauze with tape or a				

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bandage for at least 15 minutes. Instructed the patient not to bend his or her arm.				
f. Distributed the blood volume evenly between the culture bottles without replacing the needle. If both anerobic and aerobic samples were needed, filled the anaerobic culture bottle first.				
i. Kept the bottle and syringe upright and inoculated the anaerobic bottle, ensuring that no air was transferred from the syringe into the anaerobic bottle.				
ii. Inoculated the aerobic culture bottle with a minimum of 10 ml for the most accurate results.				
Immediately discarded the remaining sharp devices, including the collection barrel and transfer device, into an easily accessible sharps container. Did not recap needles or attempt to remove the needle from the collection barrel.				
Repeated the specimen collection sequence for a second set.				
Gently mixed the culture broth and blood in the bottles.				
Examined the culture bottles for signs of external contamination with blood. Decontaminated the bottles, if necessary, per the laboratory's practice.				
Helped the patient assume a comfortable reclining position. Allowed the patient to maintain this position for several minutes.				
In the presence of the patient, labeled the specimen per the organization's practice.				
Placed the labeled specimen in a biohazard bag and transported it to the laboratory immediately per the organization's practice.				
Addressed any signs of anxiety or fear that the patient experienced during the venipuncture.				

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Reassessed the venipuncture site to determine whether bleeding had stopped or a hematoma had formed.				
Monitored the patient for infection or phlebitis using standardized scales. Reported pain, burning, stinging, erythema, warmth, or subcutaneous swelling to the practitioner.				
Reported adverse events in an incident-reporting system.				
Assessed pain, treated if necessary, and reassessed.				
Discarded or stored supplies, removed PPE, and performed hand hygiene.				
Documented the procedure in the patient's record.				
Blood Specimen Collection via a CVAD				
Upon arrival to the home, performed hand hygiene and donned gloves and appropriate PPE based on the patient's signs and symptoms and indications for isolation precautions.				
Introduced self to the patient, family, and caregivers.				
Verified the correct patient using two identifiers.				
Explained the procedure to the patient, family, and caregivers and ensured that the patient agreed to treatment.				
Verified the practitioner's order and assessed the patient for pain.				
Prepared an area in a clean, convenient location and assembled the necessary supplies.				
Determined whether antibiotics were administered before specimen collection and informed the practitioner and laboratory of the time of antibiotic administration. If cultures were needed while the patient was receiving antibiotic therapy, obtained the specimen shortly before the next antibiotic dose.				
Determined the patient's ability to cooperate with the procedure and his or her experience with blood specimen collection.				

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Reviewed the patient's history of venipunctures and asked about signs of adverse responses to previous venipunctures, including a vagal response.				
Assessed the patient for anxiety or fear related to the procedure. Provided reassurance and inquired about how to provide comfort.				
Assessed the need to apply a local anesthetic to reduce pain from the venipuncture per the organization's practice.				
Assessed the patient for an allergy or sensitivity to antiseptic or analgesic agents or to latex.				
Assessed the patient for sites contraindicated for venipuncture.				
Assessed the patient's hydration and perfusion status.				
At the patient's side, accessed or completed laboratory requisitions or orders. Obtained computer-generated labels. Compared the labels with the patient's self-identification (per the organization's practice) by having the patient confirm the spelling of his or her full name and date of birth (when possible). Did not draw blood if there was a discrepancy between the laboratory requisitions or labels and the patient's identity.				
Provided privacy for the patient.				
Ensured that the lighting was appropriate for observing vein contours and colors.				
Raised or lowered the bed or chair, if possible, to a comfortable working height to prevent injury.				
Assisted the patient to a comfortable supine or low-recumbent position. Positioned the patient so that the CVAD was exposed.				
Was prepared to manage venipuncture-associated vasovagal or seizure reactions for an at-risk patient.				
Indicated the volume of blood needed for each test on the label on each bottle.				
Assessed the external CVAD site for signs of infection as well as leakage and dressing				

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integrity and reported signs of sepsis or infection immediately.				
Selected the appropriate lumen for blood sampling.				
If IV solutions or medications were infusing through the CVAD, determined whether stopping the infusion affected the patient's hemodynamic stability. If appropriate, stopped all infusions and flushed with 0.9% sodium chloride solution, following the organization's practice				
If the tubing must be detached from the CVAD, placed a sterile cap on it.				
Clamped the port before detaching any tubes, syringes, or devices if the CVAD used a needleless connector cap with no internal mechanism.				
Changed the needleless connector cap, using aseptic technique. Ensured that no air entered the system. Considered the use of disinfection caps to reduce microbial contamination and rates of CLABSIs.				
Disinfected the needleless connector using vigorous mechanical scrubbing for a minimum of 5 to 60 seconds, according to the organization's practice with an appropriate disinfecting agent, and allowed the solution to dry.				
Gently aspirated a minimum of 10 ml of blood per bottle for accurate results. Followed the manufacturer's instructions and the organization's practice for the appropriate-size syringe for aspiration. Carefully assessed the patient for the potential for venous collapse when using a syringe barrel that was 10 ml or larger. Did not discard the initial sample from a CVAD.				
Connected the syringe to a sterile safety transfer device to fill the bottles. Ensured that the syringe nozzle was not contaminated. Did not connect blood culture vacuum bottles directly to the CVAD via the sampling device.				
Kept the bottle and syringe upright and inoculated the anaerobic bottle first,				

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ensuring that no air was transferred from the syringe into the anaerobic bottle. Injected 10 ml of blood into each bottle.				
If a second set of cultures from the CVAD was required, repeated the procedure from a second port. Ensured that the culture bottles were correctly labeled to indicate which port was used to collect each set. Followed the manufacturer's instructions and the organization's practice for the appropriate-size syringe for aspiration.				
Immediately discarded the remaining sharp devices, including the transfer device, into an easily accessible sharps container. Did not recap needles or attempt to remove the needle from the collection barrel.				
Repeated the specimen collection sequence for a second set.				
Changed the needleless connector cap if blood or debris was visible, using aseptic technique and vigorous mechanical scrubbing. Ensured that no air entered the system.				
Locked the port with solution per the manufacturer's recommendation and per the organization's practice.				
Clamped the port or reattached the infusion tubing, using aseptic technique, and resumed the ordered infusion.				
Gently mixed the culture broth and blood in the bottles.				
Examined the culture bottles for signs of external contamination with blood. Decontaminated the bottles, if necessary, per the laboratory's practice.				
Helped the patient assume a comfortable reclining position. Allowed the patient to maintain this position for several minutes.				
In the presence of the patient, labeled the specimen per the organization's practice.				
Placed the labeled specimen in a biohazard bag and transported it to the laboratory immediately per the organization's practice.				

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Addressed any signs of anxiety or fear that the patient experienced during the venipuncture.				
Reassessed the venipuncture site to determine whether bleeding had stopped or a hematoma had formed.				
Monitored the patient for infection or phlebitis using standardized scales. Reported pain, burning, stinging, erythema, warmth, or subcutaneous swelling to the practitioner.				
Reported adverse events in an incident-reporting system.				
Assessed pain, treated if necessary, and reassessed.				
Discarded or stored supplies, removed PPE, and performed hand hygiene.				
Documented the procedure in the patient's record.				

Learner: _____ Signature: _____

Evaluator: _____ Signature: _____

Date: _____