

Blood Specimen Collection: Venipuncture Vacuum-Extraction Method (Home Health Care) – CE

CHECKLIST

S = Satisfactory **U** = Unsatisfactory **NP** = Not Performed

Step	S	U	NP	Comments
Performed hand hygiene and don PPE as indicated for needed isolation precautions.				
Introduced self to the patient.				
Verified the patient’s identity using two identifiers.				
Explained the procedure to the patient and ensured that he or she agreed to treatment.				
Verified the practitioner’s order and assessed the patient for pain.				
Consulted with the practitioner to minimize venipuncture and conserve blood by substituting point-of-care testing for venipuncture, using low-volume collection tubes, performing all daily tests during one venipuncture, and eliminating routine testing.				
Assessed the patient’s history for risks associated with venipuncture.				
Determined the patient’s ability to cooperate with the procedure, his or her experience with blood specimen collection, and the need for caregiver assistance.				
Reviewed the patient’s history for adverse reactions to previous venipuncture, including a vagal or seizure response. Asked the patient if such reactions had occurred.				
Assessed the patient for anxiety or fear related to the procedure. Provided reassurance and asked how to make the patient more comfortable.				
Assessed the patient for an allergy or sensitivity to antiseptic or analgesic agents or latex, if latex was used in any equipment. Assessed the patient for a seafood sensitivity if an iodine skin preparation was to be used.				
Assessed the patient for contraindicated venipuncture sites.				
Assessed the patient’s hydration and perfusion status.				
Reviewed the anatomy of the venous system and the organization’s practice for the preferred veins for venipuncture.				

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Reviewed the manufacturer’s instructions for using a vacuum-extraction system.				
Determined whether cautions or preconditions needed to be met before the specimen could be collected.				
Planned to aspirate only the amount needed to avoid blood loss.				
Identified special requirements for the laboratory specimen, such as whether the specimen must be placed on an ice pack.				
Reviewed the laboratory’s requirements for labeling and handling the specimens.				
Prepared an area in a clean, convenient location and assembled the necessary supplies. Replaced equipment with nonlatex equipment if the patient had a latex allergy. Ensured that tube expiration dates had not passed, that tube labels allowed the blood to be clearly visible when aspirated (except for tubes that shielded light-sensitive specimens), that tubes had no breaks or sharp edges, and that tubes had been stored upright at the correct temperature.				
Provided privacy for the patient.				
Ensured proper lighting to aid observation of vein contours and colors.				
Assisted the patient to a comfortable position and had him or her remove food as well as gum and mints from his or her mouth. Was prepared to manage a vasovagal response or a seizure if the patient was at risk.				
Supported the patient’s selected upper extremity and extended it to form a straight line from the shoulder to the wrist. Placed a small pillow or towel under the upper extremity, if needed.				
Placed a clean cloth or paper drape under the patient’s upper extremity.				
Identified the best sites for venipuncture per the organization’s practice, avoiding contraindicated sites.				

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1. Chose a vein that was easily visible without applying a tourniquet; was straight and did not divert into another branch; had no swelling, hematoma, phlebitis, infection, or infiltration; and had not had recent venous access or venipuncture.				
2. If needed, applied a single-use tourniquet approximately 7.5 to 10 cm (3 to 4 in) above the selected venipuncture site. Encircled the extremity and pulled one end of the tourniquet tightly over the other, looping one end under the other. Applied the tourniquet so it could be removed by pulling one end with a single motion. Ensured that the tourniquet was not so tight that it impeded arterial blood flow. Applied the tourniquet loosely or did not use a tourniquet if the patient had a history of bleeding, was easily bruised, had fragile skin, or had diminished circulation. Did not keep the tourniquet on the patient longer than 1 minute before the procedure was performed. If a blood pressure cuff was used as a substitute for a tourniquet, inflated the cuff less than 60 mm Hg, and left it inflated for 1 minute or less.				
3. Instructed the patient to make a fist without vigorously opening and closing it.				
4. Quickly inspected the vein distal to the tourniquet to confirm the selected venipuncture site. Did not select a vein on the underside of the wrist.				
5. Palpated the selected vein and considered a firm vein that rebounded. Did not select a vein that felt rigid or cordlike or that rolled when palpated.				

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6. If the selected vein could not be palpated or viewed easily, removed the tourniquet and applied a warm compress over the upper extremity or instructed the patient to turn his or her hand downward to make observation of the veins easier. Waited for at least 2 minutes after removing the tourniquet. Then reapplied it to assess the area for increased local dilation or to select a more appropriate alternate vein.				
7. Released the tourniquet. If unable to locate an acceptable vein after reapplying the tourniquet, contacted the practitioner for further instructions.				
To prevent equipment incompatibility, prepared the collection equipment using tubes, holders, and needles from the same system and manufacturer.				
1. Chose an appropriate-size needle (21- to 23-G) that was small enough to fit in the vein but did not cause hemolysis.				
2. Ensured that a double-ended straight or winged-butterfly venipuncture needle equipped with 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 double-ended straight or winged-butterfly needle and attached the needle to the collection barrel. If a single-ended straight or winged-butterfly needle was used, attached the needle securely to a collection barrel housing 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				

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from the collection barrel for disposal after use.				
3. Rested the proper blood specimen tube inside the collection barrel. Waited to puncture the rubber stopper with the sheathed needle. Used the order of draw specified by the laboratory that would process the specimens. Collected specimens for coagulation studies before collecting specimens that required a tube containing a clot activator or other additive. If using a butterfly needle with tubing, used a nonadditive tube to collect the air from the tubing before engaging a coagulation tube.				
Found the selected venipuncture site again.				
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. If the skin needed cleansing, used soap and water first, then allowed to dry completely.				
2. Used an organization-approved antiseptic for routine venipuncture.				
3. Did not touch the site after preparation.				
Obtained the blood sample.				
1. Reapplied the tourniquet and found the vein again.				
2. Removed the cap from the venipuncture needle, maintaining the needle's sterility. Warned the patient to expect to feel a stick. Discarded the needle and the collection barrel in a sharps container and prepared a new venipuncture set if contamination occurred.				
3. Placed the thumb or forefinger of the nondominant hand distal to the venipuncture site and gently pulled				

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and stretched the patient’s skin until it was taut and the vein was stabilized.				
4. Held a butterfly needle, if used, by the wings; held a straight needle, if used, at the hub. Inserted the needle at a 30-degree angle from the patient’s upper extremity with the bevel facing upward, just distal to the exact site selected for vein penetration.				
5. Slowly inserted the needle into the vein. Looked for blood return in the tubing of a butterfly needle, if used.				
6. Grasped the collection barrel securely and advanced the first specimen tube into the sheathed needle inside the barrel so the needle pierced the tube’s rubber top. Used caution not to advance the needle farther into the patient’s vein.				
7. Looked for the rapid flow of blood into the tube.				
8. After the specimen tube was filled to the correct level for the ordered tests (indicated by the marking on the tube or by the laboratory’s practice), grasped the collection barrel firmly and removed the specimen tube, using caution not to disrupt the venipuncture needle’s location in the vein.				
9. Inserted and removed additional specimen tubes in the laboratory-directed order into the collection barrel, engaging the sheathed needle, as needed.				
10. If the tubes contained additives, gently inverted them back and forth immediately after they were filled with blood. Did not shake them.				
11. If the blood was flowing sufficiently into the tubes, released the				

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tourniquet just before filling the last specimen tube. Waited to release the tourniquet until the last tube was almost full if blood flow was slow. Filled the last tube and removed it from the collection barrel.				
12. Applied a sterile gauze pad over the venipuncture site without applying pressure. Disconnected the collection tube to break the vacuum and quickly but carefully withdrew the needle from the vein, activating safety mechanisms to protect from accidental needlesticks.				
13. Immediately applied pressure over the venipuncture site with gauze until the bleeding stopped. Observed the site for hematoma or bleeding. Instructed the patient to help apply pressure if he or she was able.				
Immediately discarded the collection barrel, needle, and tubing in a sharps container. Did not recap needles or attempt to remove the needle from the collection barrel.				
Inspected the venipuncture site for bleeding. If no bleeding was detected, applied gauze with tape or an adhesive bandage. Instructed the patient not to bend his or her arm.				
Checked the collection tubes for any sign of external contamination with blood. Decontaminated the tubes, if necessary, per laboratory standard.				
Assisted the patient to a comfortable position for several minutes.				
In the presence of the patient, labeled the specimen per the organization's practice.				
Prepared the specimen for transport.				
1. Placed the labeled specimen in a biohazard bag.				
2. If the specimen required ice for transport, placed the specimen in a biohazard bag then placed the bag				

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with the specimen into a second biohazard bag filled with ice slurry.				
Reassessed the venipuncture site to determine whether bleeding had stopped or a hematoma had formed.				
Assessed the patient for tolerance of the venipuncture, including signs of anxiety or fear.				
Assessed 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.				
Discarded supplies, removed PPE, and performed hand hygiene.				
Documented the procedure in the patient's record.				
Transported the specimen to the laboratory immediately after leaving the patient's home.				

Learner: _____ Signature: _____

Evaluator: _____ Signature: _____

Date: _____