Sanford Policy Laboratory, Network Facilities Fargo Region	**VENIPUNCTURE 4.90**
	APPROVED BY: CLINICAL LABORATORY DOCTOR, DIRECTOR, LABORATORY OPERATIONS, HEAD OF LABORATORY INFORMATICS, Lead Consulting Technologist, MANAGER, LABORATORY, PHYSICIAN - INTERNAL MEDICINE, PHYSICIAN - PATHOLOGY - ANATOMIC & CLINICAL, Senior Consulting Technologist
DATE REVIEWED/REVISED: 04/01/2026	**FORMULATED BY:** MANAGER, LABORATORY

SCOPE: Sanford Medical Center Fargo I94 Clinic, Fargo Broadway Clinic, South University, Children's Southwest Clinic, Clinical Care, Horace Clinic, Moorhead Clinic, North Fargo Clinic, Orthopedic Center, Southpointe Clinic, Veteran's Square Clinic, West Fargo Clinic, Alexandria Broadway Clinic, Detroit Lakes Clinic, Devils Lake Clinic, East Grand Forks DeMers Ave Clinic, East Grand Forks Central Ave Clinic, Edgeley Clinic, Ellendale Clinic, Enderlin Clinic, Finley Clinic, Forman Clinic, Grand Forks Clinic, Grand Forks Patient Service Center, Gwinner Clinic, Halstad Clinic, Hankinson Clinic, Hawley Clinic, Hillsboro Medical Center, Jamestown 2nd Ave Clinic, Jamestown 5th Ave Clinic, Lamoure Clinic, Lidgerwood Clinic, Lisbon Clinic, Mayville Medical Center, Oakes Clinic, Parkers Prairie Clinic, Pelican Rapids Clinic, Thief River Falls Medical Center, Twin Valley Clinic, Ulen Clinic, Valley City Clinic, Wahpeton Clinic, Wheaton Medical Center, Reproductive Medicine

PURPOSE:
To define procedure for collection of blood specimens by venipuncture.

PRINCIPLE:
Venous blood is a primary source for clinical laboratory analysis. A venipuncture is the procedure used to obtain a venous blood sample. The technique used to obtain the specimen is crucial in maintaining its integrity. Personnel are trained in collection techniques, proper selection, use of equipment, and supplies. Only those individuals orientated and proven competent may perform this procedure.

PROCEDURE:
1. Refer to Venipuncture - Enterprise for general instructions.
   A. Show the patient the labeled tube/container and have them confirm his or her name and date of birth.
   B. If an inpatient: place the patient's bed in the same position as it was prior to venipuncture and replace blood pressure cuff on the same arm as it was removed, if removed.
   C. Handle specimens according to protocol.
   D. Document collect and received times of specimen.
   E. Send specimens to designated laboratories for testing.
   F. Outpatient: The arms of the draw chair are cleaned with a Sani-cloth wipe after each patient and allowed to dry for three minutes.
   G. Venous Blood Gas Collection (**NOTE:** ARTERIAL blood gas samples are collected by Respiratory Therapy and other staff trained in the collection procedure):
      1) Draw a small amount of blood into an alternate (non ABG) syringe to remove air from the butterfly tubing. NOTE: Any other lab tests should be collected at this time.
      2) Uncap ABG syringe, **expel air out of syringe prior to connecting butterfly, DO NOT push air into vein.**
      3) Draw blood slowly into ABG syringe avoiding air bubbles:
         Preferred Volume: **1.0 mL whole blood**
         Minimum Volume: **0.5 mL whole blood**
      4) After collection recap syringe
      5) If air bubbles present, push lightly on plunger to expel them
      6) Invert syringe to assure additive is distributed evenly.

Blood Specimen that cannot be obtained:

1. Change the position of the needle, by advancing slightly or pulling back.
2. Ensure the vacutainer tube is fully advanced into the hub.
3. Try another vacutainer tube to ensure that the tube selected is not defective.
4. Venipunctures are not attempted more than twice by the same phlebotomist. Ask another phlebotomist to attempt the procedure or notify the provider or nursing unit.
5. NOTE (Outreach Phlebotomists Only):
   A. Laboratory Outreach phlebotomist will notify resident/ client's nurse when unable to obtain specimen requested.
   B. Outreach Phlebotomist will document nurse's full name on booked appointment/ DAR along with number of attempts and what site (left or right arm or hand) was used during attempt(s).
   C. Outreach staff will indicate this information in cancellation notes and follow up with resident's nurse for recollection as needed.

Children and Difficult Conditions:

1. When drawing pediatric patients it is preferable to withdraw the smallest amount of blood that will allow the testing to be completed. The laboratory will monitor blood drawn with pediatric punctures. The patient's provider will monitor the longer-term effects of blood draws.
2. To assist in drawing the minimum amount needed for testing the Unit/Department is encouraged to use the REQUEST FOR MINIMUM DRAW VOLUMES -SMCF 4.90.L02 once orders are placed
   A. Form completed by the unit
   B. Sent to laboratory for volume determination.
   C. Two different lab staff will double check volume totals
   D. Lab staff will return form with appropriate specimen containers clearly labeled with volumes required.
   E. Laboratory will contact the Unit/Department if there are circumstances in which the amount needed exceeds the suggested blood volume allowed for a 24 hr period to assist in determining priorities for collection .
   F. Once blood is collected, the Unit will send the form back to the laboratory with the blood to ensure that what was requested was received- discrepancies will be investigated and corrected if needed.
   G. Unit will page 7871 when minimum draw sheet and tubes are bedside when requesting a phlebotomist.
3. The nursing unit and the attending providers will monitor total blood volumes taken on hospitalized pediatric and critically ill patients. Phlebotomists will contact the nursing units regarding blood volumes and will report the volume of blood taken when requested by the nursing units.
   A. When more blood is drawn than listed below, the blood loss could cause measurable health consequences. Literature does not provide universal agreement on the precise numbers, rather a general awareness that it is best to minimize blood loss. Phlebotomists will use Recommendation for Maximum Allowable Total Blood Draws in Pediatric Patients in the collection of blood from pediatric patients under the age of 14 unless they have alternate instructions from the provider.
   B. It may be necessary to use a 23 - 25 gauge winged blood collection set to reduce the stress exerted on the vein to prevent collapsing.

REFERENCES:

1. CLSI "Procedures for the Collection of Diagnostic Blood Specimens by Venipuncture; Approved Standard CLSI GP41 ED7: 2017
2. CAP Standards, GEN. 40100.
3. Phlebotomy Handbook- Blood Specimen Collection from Basic To Advanced (Diana Garza, Kathleen Becan-McBride, 10th Ed.

ATTACHMENTS:

1. TRAINING AND COMPETENCY ASSESSMENT - General 30.01
2. Recommendation for Maximum Allowable Total Blood Draws in Pediatric Patients
3. REQUEST FOR MINIMUM DRAW VOLUMES -SMCF 4.90.L02

4. Blood Gas Collection- Quick Steps

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