

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

PROCEDURE FOR VENEPUNCTURE

Effective October 2007

Review October 2010

1. Knowledge

A Practitioner Health Care Worker who has undertaken appropriate training, has been assessed and deemed competent can carry out this procedure.

2. Equipment

- Clinically clean tray or receiver
- Tourniquet
- Non vinyl gloves
- Disposable apron
- 2% chlorhexidine in 70% isopropyl alcohol impregnated swab
- Sterile swabs
- **Vacutainer equipment (preferred)**
- Appropriate sized needle/butterfly winged needle/syringe
- Correct specimen bottles
- Specimen requisition form
- Patient labels (note that some tests require the label to be hand written e.g. blood transfusion)
- Sharps disposal container
- Sterile adhesive dressing

3. Procedure

ACTION	RATIONALE
1. Introduce yourself and explain the Procedure and the reasons why, to the patient.	To allay patient's fears, gain their confidence. Obtain informed consent.
2. Confirm patient's identity and date of birth with the patient and the patient's name band. If using address labels, check all details are correct.	To avoid errors of identity.
3. Ask patient for information regarding previous successful venepunctures. Check that privacy is ensured.	Patient knowledge may assist venepuncture. To retain patient privacy.
4. Decontaminate hands as per Trust policy and put on a disposable apron.	To prevent cross infection.
5. Ask patient to rest back, assess the suitability of the veins and then support the relevant limb on a pillow.	For patient's comfort and ease of access to the vein to be used.
6. Apply the tourniquet firmly, approximately 5-10cms above needle insertion site. Arterial blood flow extremities should be maintained.	To interrupt venous return and cause filling of the vein. To maintain perfusion to the proposed vein.

ACTION	RATIONALE
7. Confirm suitability of vein. 8. Clean area by gentle swabbing in a circular motion with 2% chlorhexidine in 70% isopropyl alcohol impregnated swab for at least 10 secs. Allow to dry. 9. Don gloves. 10. Prepare equipment. 11. Support limb with other hand, pulling skin taut with thumb.	To prevent bacteria on patients skin entering the puncture site. To facilitate the coagulation of the organisms. To protect yourself from possible contamination. To keep patient's arm still if they move and also anchor the vein.
<p style="text-align: center;">VACUTAINERS</p> 12. Insert needle into vein – no flash back with vacutainers. 13. Holding vacutainer firmly collect the specimens required in the correct sequence. 14. Release tourniquet. 15. Remove needle gently. 16. Apply sterile cotton gauze swab to puncture site. 17. Apply firm pressure over the swab for 2.5 minutes (with limb straight). 18. Dispose of needle in sharps bin. 19. Apply a sterile adhesive dressing over puncture site. Check that patient is not allergic to dressing. 20. Agitate containers where appropriate. 21. Remove and dispose of gloves and wash hands. 22. Label specimen bottles, at the patient's bedside, correctly with all patient's relevant details. Also identify time, date of specimen and signature. 23. Ensure pathology request form is completed correctly and contains all relevant information required. 24. Tell patient how and when he may expect the results. 25. Send specimens to pathology department concerned by appropriate means as soon as possible.	N.B. Bottle sequence: 1 st Bottle without additive. 2 nd Bottle with additive. To restore venous return. To maintain asepsis. To allow haemostasis and prevent bruising. To prevent sharps injury To prevent entry of bacteria into wound. To prevent skin reactions. To prevent damage to blood cells. To prevent blood clotting in the containers. To avoid errors or possible incorrect results. Confusion of patient's identity. Identify health care worker. To allow pathology staff to calculate accurate results without delay. To keep patient up to date with information. To prevent delay in obtaining a result.
<p style="text-align: center;">NEEDLE AND SYRINGE</p> 12b. Insert the needle at a 10' to 45' angle, observe for flashback of blood. 13b. Collect required volume of blood by gentle withdrawing of syringe plunger 13c. Gently introduce specimen into appropriate container(s). Make sure lids are on firmly.	To confirm needle is in vein. To provide enough blood for whatever tests are needed to prevent trauma to vein. To prevent leakage of specimens.

Person Responsible for Review: Heads of Nursing

REFERENCES

- The Newcastle upon Tyne Hospitals NHS Foundation Trust (2007) *The Acceptance and rejection of incorrectly identified patient samples and request forms policy*. Policies and Procedures.
- The Newcastle upon Tyne Hospitals NHS Foundation Trust (2006) *Standard Precautions Policy*. Policies and Procedures.
- The Newcastle upon Tyne Hospitals NHS Foundation Trust. (2003) *Guidelines for the management of patients with blood borne viral infections*. Policies and Procedures.
- The Newcastle upon Tyne Hospitals NHS Foundation Trust (2003) *Policy for the Control of MRSA in the Newcastle Hospitals*. Policies and Procedures.
- The Newcastle upon Tyne Hospitals NHS Foundation Trust. (2005) *Disposable Gloves Policy*. Policies and Procedures.
- The Newcastle upon Tyne Hospitals NHS Foundation Trust. (2007) *Hand Hygiene Policy*. Policies and Procedures.
- The Newcastle upon Tyne Hospitals NHS Foundation Trust. (2006) *Needle stick injuries: code of Practice*. Policies and Procedures.
- Mallet, J. and Dougherty, L. (2004) *The Royal Marsden Manual of Clinical Nursing Procedures*. 6th Edition, Blackwell Science.
- The Newcastle upon Tyne Hospitals NHS Foundation Trust. (2004) *Waste Management Policy*. Policies and Procedures.
- The Newcastle upon Tyne Hospitals NHS Foundation Trust. (2004) *Waste management Procedure for dealing with the safe removal of sharps*. Policies and Procedures.
- Safer blood transfusion www.npsa.nhs.uk
- Serious hazards of transfusion Annual report www.shotuk.org
- *Saving Lives: a delivery programme to reduce Healthcare Associated Infection including MRSA*. (2005) Department of Health, London.
- *Winning Ways: working together to reduce healthcare associated infection in England*. (2003) Department of Health, London.
- *Saving Lives: a delivery programme to reduce Healthcare Associated Infection, including MRSA. Taking Blood Cultures: a strategy for NHS Trusts, a summary of best practice*. (2007) Department of Health, London.