

Perform Venepuncture and Routine Blood Collection





In the spirit of reconciliation Premium Health acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respects to their elders past, present and emerging and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

OUR PROMISE

“

**Premium Quality,
without compromise.
It's the Premium Health
promise.**



Phillipa Wilson

Founder & Managing Director of Premium Health

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Experienced Nurses
and Paramedics**

Passionate about sharing
their experience

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Contextualised to
Your Workplace**

Relevant and customised to
workplaces

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Welcome to your course and Premium Health.

The aim of this resource is to provide the essential knowledge and skills required in your training.

We select our Premium Health trainers and assessors carefully. All are either nurses or paramedics with appropriate training qualifications, technical expertise and experience.

PERFORM VENEPUNCTURE AND ROUTINE BLOOD COLLECTION WORKBOOK

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WHAT YOU NEED TO KNOW ABOUT YOUR COURSE

Welcome

Welcome to your course and Premium Health. The aim of this non-accredited course is to provide essential knowledge and skills required to perform venepuncture and routine blood collection.

Helping you to succeed in your course

We believe learning should be an enjoyable and challenging process and we understand that each learner is different. A variety of methods such as class participation, group discussion, scenarios, workbook exercises and opportunities for practice will help you to achieve the learning outcomes.

Evaluation of the program

Your feedback is important to us as we use this as part of our continuous improvement cycle. Please undertake the evaluation of this program when asked by your trainer.

Premium Health's customer service

We offer you an on-going service in relation to first aid, health care or mental health course information and invite you to call our office on **1300 721 292** or email us on customerservice@premiumhealth.com.au.

For more information about Premium Health products, first aid, health care and mental health courses and policies, access our website www.premiumhealth.com.au

PROFESSIONAL RESPONSIBILITIES IN PRACTICE

UNDERSTANDING YOUR RESPONSIBILITIES

Performing venepuncture by nursing, medical and research staff is common place in many organisations. This resource will focus on venepuncture in the nurse practitioner field. Whilst this expansion to nursing practice is an advantage it is essential that nurses are aware of the professional and legal implications of undertaking invasive procedures.

Understanding your responsibilities when undertaking nursing procedures is of utmost importance, especially when you are performing a procedure that requires specialist skills and knowledge. As part of your registration as a nurse you undertake clinical skills assessments to meet these professional responsibilities.



The Nursing and Midwifery Board of Australia (NMBA) regulates the practice of nursing and midwifery in Australia, and one of its key roles is to protect the public. The NMBA does this by developing registration standards, professional codes, guidelines, and standards for practice that together establish the requirements for the professional and safe practice of nurses and midwives in Australia.

Professional standard of practice goes beyond simply performing a task. It also encompasses the ability to utilise the knowledge, principles and judgement that underpin clinical practice procedures.

Some key points from the Code of Professional Conduct for Nurses in Australia are:

- Nurses must perform only those clinical procedures for which they have been educationally prepared and in which they have demonstrated competence.
- Maintenance of knowledge and competence in performing clinical procedures is essential and it is the responsibility of the individual to ensure their competence is maintained through regular review.
- Nurses are accountable for making professional judgements about when an activity is beyond their own capacity or scope of practice and for initiating consultation with, or referral to, other members of the health care team.

SCOPE OF PRACTICE

You are responsible for obtaining and adhering to organisational guidelines. You must have appropriate theory and skill preparation and maintain your individual accreditation in compliance with institutional or hospital guidelines. You must ensure you review your organisation's authorising document for venepuncture and check the following points:

- Do the circumstances listed reflect common practice in your workplace?
- Is there a statement excluding patients with particular conditions?

Nurses should be aware of the policies and procedures of their employing organisation. However, it should be noted that acting within a guideline or policy statement of an employer, any other organisation or professional group does not relieve them of responsibility for their own acts and may not provide immunity in case of negligence.





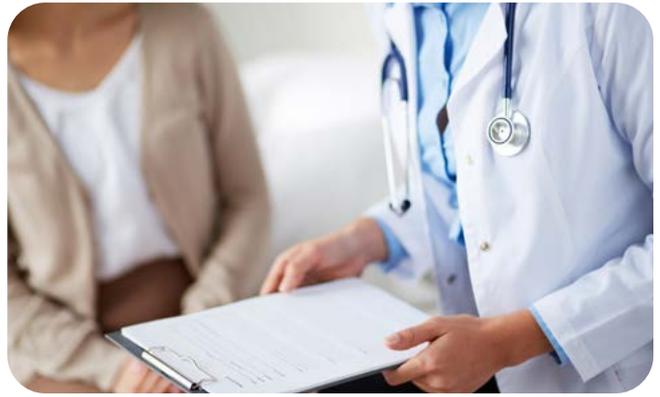
REGISTERED NURSE STANDARDS FOR PRACTICE (RNSP) 2016

The Registered Nurse Standards for Practice (RNSP) 2016 are the core practice standards that provide the framework for assessing RN practice. These standards replace the national competency standards for the registered nurse that were first published in 2006 by the Australian Nursing and Midwifery Council (ANMC) and adopted by the NMBA at the start of the National Registration and Accreditation Scheme (the National Scheme) in 2010.

The RNSP took effect on 1 June 2016.

The Registered nurse standards for practice consist of the following seven standards:

1. Thinks critically and analyses nursing practice.
2. Engages in therapeutic and professional relationships.
3. Maintains the capability for practice.
4. Comprehensively conducts assessments.
5. Develops a plan for nursing practice.
6. Provides safe, appropriate and responsive quality nursing practice.
7. Evaluates outcomes to inform nursing practice.



PATIENT CONSENT

Venepuncture is an invasive procedure that requires more than a simple explanation and reassurance. Valid and informed consent must be gained from the patient or their legal guardian before the procedure is performed. It is your responsibility to ensure the patient has a good understanding of the need for the blood collection, what the procedure involves and the associated risks.

VENEPUNCTURE

Venepuncture is the puncturing of a vein as part of a medical procedure in order to obtain a blood sample for Haematological, Biochemical or Bacterial analysis.

Also widely known as Phlebotomy, blood analysis is heavily relied upon by health professionals each day for:

- diagnosis of a new disease / illness
- detection of chemical deficiencies within the body
- monitoring of an existing illness
- monitoring of long and short term patient medication efficiency
- supplying important information relating to the care of pre and post-operative patients
- information to troubleshoot potential complications that could arise during surgery

The analysis of blood enables health care professionals to isolate and treat each body system via individual testing. For example:

- to test kidney function the most common blood test used is UEC (Urea, Electrolytes and Creatinine)
- to test liver function LFTs (liver Function Tests) are generally ordered
- to check thyroid health, TFTs (Thyroid Function Tests) are ordered to investigate the health of this gland

There are many more tests available including extensions of those above.



INFECTION CONTROL

Infection control refers to procedures and activities that aim to prevent or minimise the risk of transmission of infectious diseases. Successfully controlling the risk of infection in the workplace is straightforward. It is based on good hygiene measures and a range of practices set in place recognising that infectious agents are part of the everyday environment.

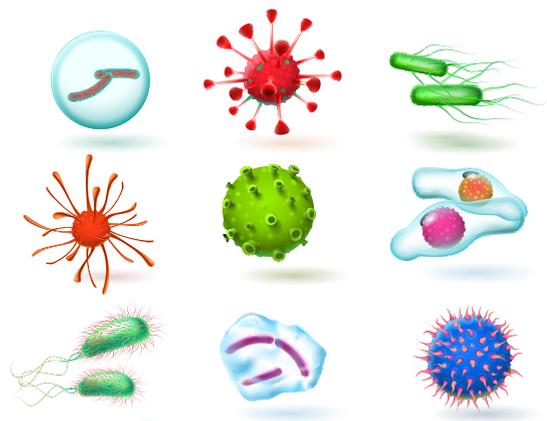
As a result, there is a need to implement a risk management approach to reduce the transmission of infections. Minimising the risks of transmission from person to person or person to environment involves understanding:

- the major infectious agents
- the work practices that prevent infection being transmitted within the workplace
- management systems that support effective infection control work practices

Health workers have an increased risk of exposure to blood borne infections such as Hepatitis B, Hepatitis C and HIV (Human Immunodeficiency Virus), therefore adhering to the standard precautions is important for their health and safety. Strict infection control should be followed when performing venepuncture to prevent transmission.

Infectious agents such as bacteria or viruses may be passed to another person via the following ways:

- blood and body fluids (nasal secretions, sputum, urine, vomit) through direct contact with blood or body fluids either through broken skin or splashes to the mucous membranes of the eyes, mouth or genitals
- respiratory droplets inhaled when another person coughs or sneezes
- airborne transmission of respiratory secretions
- faeces of an infected person; faecal bacteria may be spread by hands to mouth or inanimate objects and spread to another person (faecal/oral route)



Contact transmission

Contact transmission, the most important and most common means of infection transmission can be divided into two subgroups, direct and indirect contact transmission.

- direct contact transmission occurs when infective agents are physically transferred from an infected or colonised person to a susceptible host
- indirect contact transmission occurs when a susceptible host touches a contaminated object for example a commode chair

Droplet transmission

Droplets are generated during sneezing, coughing or talking as well as during certain procedures such as chest physiotherapy. Transmission occurs when droplets which contain infective agents contact the conjunctivae, nasal mucosa or mouth of a susceptible person. Droplet transmission is limited by the force of expulsion and gravity and requires source and host to be in close proximity to each other, usually one metre or less



Airborne transmission

Transmission occurs by dissemination in the air of either droplet nuclei (which are much smaller particles than droplets) or dust particles containing the infective agent.

Microorganisms carried in this way can be widely dispersed in air currents and can remain viable for varying periods before being inhaled by or deposited on a susceptible host.

Contaminated article or equipment

Microorganisms transmitted by contaminated articles or equipment, food, water, drugs, blood or bodily substances.

Vector borne transmission

Mosquitoes, flies, rats or other vermin may act as vectors and transmit some microorganisms. The vector may itself be infected (mosquito) or act as a carrier of the agent (flies, rodents).

The following infection control policies are designed to break the chain of infection when performing in a collection environment:

- Handwashing before and after each patient contact and the use of hand sanitising gel.
- The use of moisturiser to keep hands supple to prevent skin cracking preventing an open portal for infection.
- Ensuring any cuts or open wounds are covered by waterproof covering.
- Inspection of hands regularly for any abrasions.

P.P.E. REQUIRED



USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

Intact gloves non-sterile are considered mandatory for each Venepuncture and are to be discarded post procedure. If unstained they can be inverted and discarded into the normal bin. If bloodstained or body fluid stained, they must be discarded into a Biohazard bin or bag. Nitrate gloves are available for those with latex allergies.

Safety glasses are used during venepuncture by many collectors as an extra precaution. Their use is not mandatory at this stage and is usually based on chance of high-risk blood spray or spill as in emergency or trauma areas of the hospital. Safety glasses should be made available in all collection areas for OH&S compliance. Prescription glasses do not suffice as eye protection.

Gowns and aprons are used based on risk factors as above. Their use may also be required if the patient is isolated and requiring barrier nursing.

Closed toe shoe policy is implemented in all areas of personal patient care and is especially important in venepuncture if a sharp is accidentally dropped. Shoes also provide protection from blood spills etc.

Masks are to be used for barrier nursing and in situations where patients may be infectious or can be used to protect the patient i.e. immunosuppressed patients.

CORRECT USE OF BIOHAZARD WASTE RECEPTACLES

Biohazard waste receptacles must carry the biohazard logo and be compliant with Australian and New Zealand health standards. These waste receptacles and sharps containers are colour coded according to which area of health they reside, and blood equipment must be disposed of according to this protocol.

Yellow receptacles contain infectious related waste and are the most used in blood collection and clinical areas.

Biohazard bags are for soft biohazard waste such as blood-stained cotton balls etc. Not needles.

Purple Biohazard receptacles contain cytotoxic waste and are used in Oncology areas.

Red Biohazard receptacles are for low-level radioactive waste such as used in radiology.

CLINICAL AND RELATED WASTE DISPOSAL GUIDELINES				
WASTE	CONTAINER	SYMBOL COLOUR	SYMBOL	IDENTIFICATION
CLINICAL	Yellow	Black		Clinical Waste
CYCTOTOXIC	Purple	White		Cytotoxic waste-incinerate at 1100°C
RADIOACTIVE	Red	Black		Radioactive waste



SHARPS CONTAINERS

Sharps containers are used for the disposal of sharps such as needles or scalpels. Most sharps containers are designed to aid in notching or rotating off needles thus reducing needle stick injuries considerably. It is safer to dispose of the sharp by holding the barrel of the syringe with latex or vinyl gloved hand. Dispose of in rigid containers (yellow rigid containers designed for the purpose, labelled Biological Hazard and bearing a biological waste hazard sign).

These rigid puncture proof containers have rules that must be adhered to; not doing so increases the risk of needle stick injury. The sharps container must be easily accessible during venepuncture and most sharps containers are secured to a trolley. If not, ensure container is close to the hand you are holding the barrel/syringe in- usually your dominant hand. Ensure lid of sharps container is open prior to venepuncture so it is ready for use.

- Do not overfill containers, only fill to fill mark on side of container.
- Do not attempt to force needles into container.
- Your hand should be well clear of internal opening.
- Place full sealed sharp containers in large colour coded biohazard wheelie bin or place in a designated area.

NEEDLE STICK INJURY PREVENTION

In the majority of surveys conducted, the most common cause for needle stick injury was in the disposal of needles rather than during the venepuncture procedure itself. The mechanisms used made no difference although butterfly's had a higher incidence of needle stick injury than vacutainer and needle and syringe.

The following needle stick injury prevention tips may seem common-sense but should always be reinforced as a reminder:

- Needles should not be recapped at any time and should be disposed of immediately into the sharp's container.
- Never pass a needle or any mechanism to another person for disposal.
- Do not use the needle to pierce the top of any tube. This not only can cause haemolysis to the sample but also places the collector in danger of needle stick injury.
- Follow correct venepuncture procedure to make collection swift yet steady.
- Have equipment organised and close eliminating the need to overstretch and reach.
- Once the needle penetrates the skin, do not take your eye off the needle. Tubes are fed on with peripheral vision.
- Ensure patient is positioned correctly with arm support via venepuncture chair or by propping arm up with cushions.

FIRST AID FOR NEEDLE-STICK INJURY

It is essential that you follow your company/hospital needle stick incident protocol if this occurs.

Needle-stick injury immediate actions:

- Quickly explain to the patient what has happened.
- Promptly flush the wound under running water (do not squeeze the wound).
- Wash the wound using warm water and liquid soap (except for the eyes, mouth and nose). alcohol-based hand rinses or foams (60-90% alcohol by weight) should be used when water is not available.
- Thoroughly pat-dry the area.
- Apply a sterile waterproof dressing (such as an adhesive plaster), as necessary, and apply pressure through the dressing if bleeding is still occurring.
- Seek medical aid.



Further actions

Paperwork must be completed. Usually there is a needle-stick injury protocol located in the WHS work folders. Paperwork should cover the type and site of the sharp injury, the type of sharp mechanism involved and how the injury occurred and who was present during the injury. It also contains 2 consent forms for you and the patient to sign consenting to have blood taken and tested for HIV and Hepatitis B and C.

Note: You will have to have a blood sample taken but if the patient has already had blood drawn with a serum separating tube (SST) as part of the tests required then that blood may be used and shared by laboratory. (If no SST tube was taken then patient will unfortunately need a further sample taken.) The patient must consent to having blood tested. If she or he will not, blood cannot be tested.



Consent forms must be signed by both the patient and the collector or else blood will not be tested, even if patient has given verbal verification. Bloods are classified as urgent. A supervisor must be contacted and then paperwork sent to appropriate area. A referral will be then organised for a follow up blood test in 3 months again for HIV and Hepatitis B and C. Counselling is generally made available if required by staff member.

Splash exposure immediate actions:

- Remove contaminated clothing.
- Promptly flush any exposed wound (i.e. cut or broken skin) under running water.
- Wash the exposed wound using warm water and liquid soap (except for the eyes, mouth and nose).
- Rinse the eyes, mouth and nose (if affected) thoroughly with warm water (without soap) or saline.
- Apply a sterile waterproof dressing (such as an adhesive plaster) as necessary and apply pressure through the dressing if bleeding is still occurring.
- Follow the organisations blood/body fluid exposure protocol.

Maintenance of collection area:

- Collection area should be clean and uncluttered.
- Trolleys should be wiped down with disinfectant and venepuncture equipment restocked at the end of each day.
- Sharps containers checked for sharp level and biohazard bins changed if full.
- If venepuncture chair present, it should be wiped down at end of the day.
- Staff should keep an eye out each day for any incidental blood droplets and clean immediately.

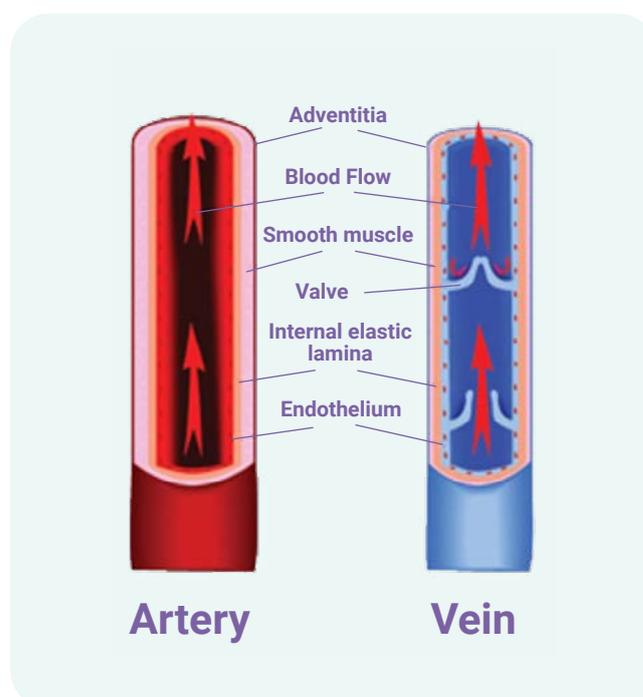
VASCULAR SYSTEM

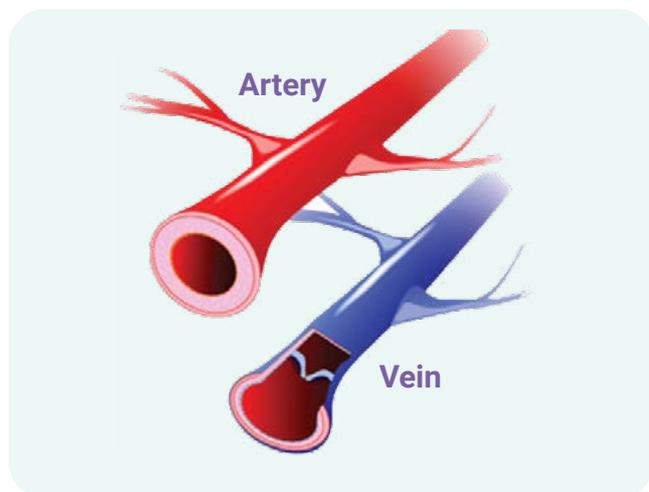
The vascular system, also called the circulatory system is comprised of the vessels that carry blood throughout our body. As a result of the pumping of the heart, the arteries, veins and capillaries transport oxygen and nutrient rich blood to all the cells of the body and remove waste matter such as carbon dioxide.

Extensive anatomy and physiology knowledge of the vascular system is not essential for performing venepuncture but a sound understanding of the basics is important.

VEINS:

- smaller and less elastic of the 2 major blood vessels
- veins contain valves to prevent backflow and pooling of blood
- carry de-oxygenated blood and increased waste products and so useful for testing
- generally easily detected via palpation in conjunction with tourniquet use
- seal well post venepuncture and require pressure applied for shorter time to site thus minimising chance of bruising and haematoma





ARTERIES:

- the largest blood vessels with elastic walls
- contain larger volume of blood
- pulse can be palpated
- require firmer pressure applied to site if punctured at least 5 minutes
- contain fewer waste products for testing (therefore veins are first choice of vessel for blood collection)

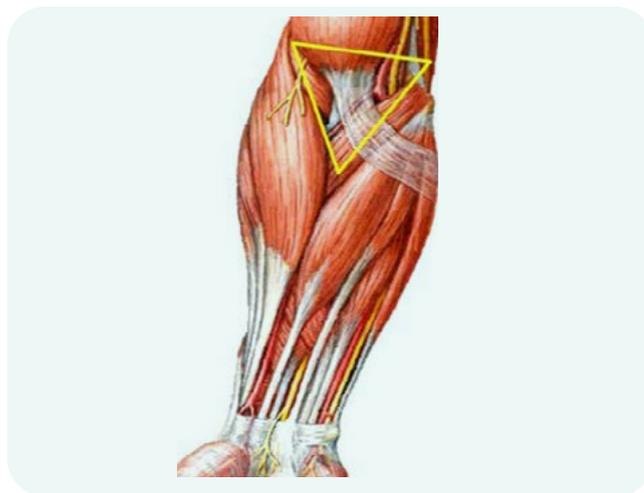
Note: Arterial blood can be used for testing, the most common test being ABGs (Arterial Blood Gases). This test measures the level of oxygen and carbon dioxide within the blood. Due to the strict pre and post puncture criteria and the use of specialised equipment and technique involved, arterial bloods are generally collected by doctors, specifically trained hospital staff and extra-accredited pathology collection staff members.

CRITERIA FOR IDENTIFICATION OF VENEPUNCTURE SITE

Prior to venepuncture it is important to identify the correct vein to use for collection. This in conjunction with the correct use of a tourniquet enables the collector the confidence of a smooth collection whereby integrity and properties of the blood are not compromised.

The cubital fossa is a triangular hollow area that lies in front of the elbow joint and is the first preferred site to be checked for viable veins as blood vessels are well supported by surrounding tissue and are easily identified with use of tourniquet. The following diagram identifies the cubital fossa as the area inside the triangle.

The hand area is the second choice but is often more painful than the cubital fossa. Collection can be obtained from other areas but should be avoided and left to other more experienced collectors due to patient pain, increased chance of haematoma and even the risk of producing small clots leading to further patient health complications.



Procedure for vein selection:

- Palpate and trace the path of veins with the index finger.
- Arteries pulsate, are most elastic, and have a thick wall. Thrombosed veins lack resilience, feel cord-like, and roll easily.
- If superficial veins are not readily apparent, you can force blood into the vein by massaging the arm from wrist to elbow, tap the site with index and second finger, apply a warm, damp washcloth to the site for 5 minutes, or lower the extremity over the bedside to allow the veins to fill.

After applying the tourniquet to the upper arm there is usually a choice of 3 larger veins within the cubital fossa.

1. Median cubital vein:

- the preferred site for venepuncture
- generally located near the centre of the cubital fossa
- well supported by muscles and ligaments
- engorges well with blood so therefore easily palpated

2. Cephalic vein:

- second choice of vein for venepuncture
- situated on the lateral side of the cubital fossa

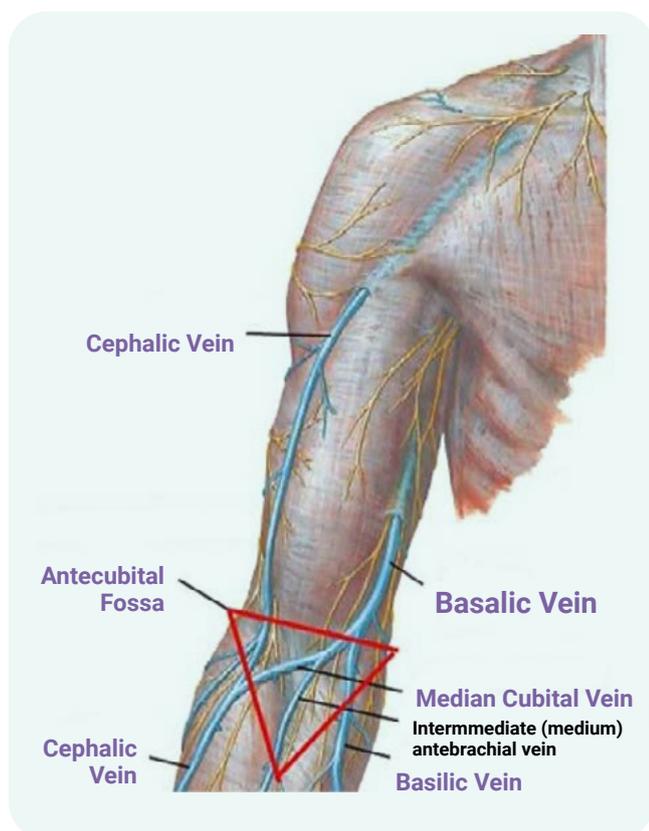


TIP

To aid identification of this vein, ask the patient to slightly rotate their arm upwards for easier identification and palpation.

3. Basilic vein:

- third choice of vein
- an easy way to remember the basilic is that it runs down beside the body when the arm is pointing downwards, and the palms are positioned upwards
- this area can be a little more sensitive for the patient



The **Brachial artery** is also located in the cubital fossa in close proximity to the median vein. It can be accidentally punctured during venepuncture, but this is rare and generally due to poor collection technique (i.e. needle is inserted too deeply and at an inaccurate and too acute angle rather than the **25 degree angle recommended**.)

If suspected that arterial blood is collected (blood is brighter, frothier, pulsates into tube) it should still be submitted to the lab. It is however important to document on the referral “? arterial blood”. This will alert the lab as it can affect certain assays in the blood work. It is also most important to adjust post collection patient care for arterial puncture. Firm pressure must be applied to the puncture site for at least 5 minutes to make sure the artery has sealed to prevent haematoma and increased blood loss.

Note: Easier identification of difficult veins can be promoted by applying heat to the cubital fossa area to help dilate the veins. Encourage the patient to hydrate and arrive warm prior to the procedure if possible.



TIPS

- Veins should feel bouncy and return to normal when palpated.
- Deeper veins require firmer pressure to palpate.
- Palpate with index finger as thumb has a pulse.
- Do not stroke vein. Instead feel for bounce by pressing with finger then depressing feeling for elasticity in vein.
- Areas of extensive scarring or healed burns should be avoided.
- Specimens should not be obtained from the arm on the same side as a mastectomy.
- Avoid areas of haematoma as they may cause erroneous test results. If another site is not available, collect the specimen distal to the haematoma.
- If an IV is in place, samples may be obtained below but **NEVER** above the IV site.
- Cannula/fistula/heparin lock - hospitals have special policies regarding these devices. In general, blood should not be drawn from an arm with a fistula, cannula, or vascular graft without consulting the attending physician.
- Allow 10-15 mins after a transfusion is completed before obtaining a blood sample.
- Intravenous therapy (IV) - fluid may dilute the specimen, so collect from the opposite arm if possible. Otherwise, satisfactory samples may be drawn below the IV by following these procedures:
 - turn off the IV for at least 2 minutes before venipuncture
 - apply the tourniquet below the IV site. Select a vein other than the one with the IV
 - perform the venipuncture. Draw 5 ml of blood and discard before drawing the specimen tubes for testing
 - lines - drawing from an intravenous line may avoid a difficult venepuncture but introduces problems. The line must be flushed first. When using a syringe inserted into the line, blood must be withdrawn slowly to avoid hemolysis



THE TOURNIQUET

The tourniquet and its correct position and application is essential for a swift collection of blood. The tourniquet should be placed 4-5 finger widths (3 to 4 inches) above the intended venepuncture site.

The locking device should be placed sitting horizontally on the "non-dominant" side of the collector.

This ensures the dominant hand of the collector can quickly release the tourniquet while they have full control of the barrel.

Always place fingers under the locking device as you are tightening the tourniquet, this will prevent patients skin being caught.

The tourniquet can be released two ways. There is both a quick release and a slow release. The quick release allows the tourniquet to be removed quickly if required. The slow release is the preferred method of release as it is less startling to the patient and there is less chance of the tourniquet hitting the patient. On slow release it can be left on the arm loosely while the patient applies pressure to the site post venepuncture.

PRE PROCEDURE PAPERWORK

There are several ways a doctor or specialist may order bloods for pathology testing. Within a hospital environment, the doctor may order a set of bloods during a ward round and will generally sign the referral on the spot. Alternatively staff will need to organise a referral and the pathology company will follow up a doctor's signature later. Hospital bradmas are usually affixed outlining the patient's details. Bradma is an identifying sticker which gives patients name, date of birth, sex, age, home address, +/- admission date, +/- GP, and unique hospital identification number.

If working in a pathology collection clinic, testing will generally require a written or printed referral that must be signed by the referring doctor. If unsigned, the pathology company will still test the blood, but they will send the referring doctor a letter later requiring a signature.

Prior to venepuncture, the patient referral must be checked thoroughly with the surname, first name, date of birth and address being verbally checked with the patient. Any incorrect details on the referral are to be crossed out and correctly amended. Always ensure the doctor's name and address are clearly printed and follow your hospital or company protocol. Include time and date

of collection. Samples and request forms for transfusion testing MUST be signed by the collector. https://eresults.clinicallabs.com.au/collection_manual/scripts/collectionManual.asp

If a referral is marked **urgent** these specimens require a **red sticker** to be placed on both the collection tubes and the referral and tubes are placed in a red biohazard bag.

Always ensure that all urgent specimens have the details of where the doctor would like the results sent and whether they would like the results faxed or phoned through to them.

If the patient is in hospital, bradma details on the referral must be checked against the patient's hospital name band on their wrist or ankle ensuring that the patient number is identical.

If a patient is unable to identify themselves for any reason (dementia, psychological impairment, altered conscious state), a staff member or family member must identify them to avoid collection from the wrong patient.

Patient interaction

The phlebotomist's role requires a professional, courteous, and understanding manner in all contacts with the patient. Greet the patient and identify yourself and indicate the procedure that will take place. Effective communication - both verbal and nonverbal - is essential. And proper patient identification is mandatory. If possible, speak with the patient during the process. The patient who is at ease will be less focused on the procedure.

PATIENT IDENTIFICATION

It is essential to identify the patient prior to collection so that you do not bleed the wrong patient. Each patient is asked to provide information that is checked against the request form.

Outpatients

All outpatients arrive with a "legal" request form. Check that the request form is correctly filled-out and signed. After you have called a patient by their name and directed them to the area of collection, positively identify the patient by asking the patient for their full name and their date of birth or address. This information must be checked against the patient identification on the request form. Any errors in identification must be corrected prior to collection.

In-patients

Check that the unit medical record number (UMRN) and surname on the request matches the UMRN and surname on the ID bracelet of the patient. Ask the patient for their full name and their date of birth or address.

Unconscious patients

Patients who are unconscious and patients unable to identify themselves should be identified as follows: Check the name and UMRN from the ID bracelet and ask nursing staff to identify the patient as a cross check.

IDENTIFICATION OF TESTS AND TEST CONDITIONS

There are hundreds of blood tests available and countless combinations of tests possible. Tests are requested to confirm diagnosis, and to monitor the treatment of disease. Tests are usually written in an abbreviated form and may take a little time to understand.

Clinical history can help in identifying tests. Guesswork often leads to repeated venepuncture and increased harm to the patient. Test conditions must be checked before the sample is taken. This minimises trauma to the patient and ensures that results are accurate and reliable.

Test conditions may be requested by the medical officer writing the request or may be an essential element of the actual test:

- fasting cholesterol - choice of requesting MO
- fasting special lipids - essential element of test

Some tests MUST be collected at a specific time:

- digoxin level - at least 6 hours post last dose

Some tests must be delivered within a specific time frame to ensure reliable and accurate results:

- ammonia also known as NH₄, NH₃
- homocysteine also known as HCY, HOC, THCY. These are sent to the lab immediately as the test requires centrifuging within 20 minutes. <http://testmanual.sonichealthcare.com/pseudompp/tcm/csp/TCM.csp#/test?id=538>

There are many different blood tests requiring specific tubes. You are not required to know them all. Health facilities will have manuals or diagrams available for reference as requirements can vary depending on the pathology laboratory used.



COLLECTION OF TUBES AND CORRECT ORDER OF DRAW

The evacuated collection system requires the correct tubes for the tests requested being selected prior to commencing blood collection. Blood collection tubes must be drawn in a specific order to avoid cross-contamination of additives between tubes. The order of draw has been developed to reduce interference in specimen testing caused by carry over of additives between tubes. For example: The SST tube (gold/orange tube) is taken before the pink (EDTA tube) because the EDTA additive in the pink tube can affect potassium and electrolytes.

The order of draw is clearly outlined on chart diagrams, always refer to these diagrams when in doubt of order to draw.

		Blood Culture	Aerobic followed by Anaerobic – if insufficient blood for both culture bottles, use Aerobic bottle only	Use blood culture collection packs only
	Cat. No. KFK119	Citrate	Coagulation Studies, INR + KCCT, D-Dimer, Fibrinogen	Tube must be full
	Draw Volume 2.7 ml			
	Cat. No. KFK168	Serum	Bacteriology and Viral Serology, Selenium, Zinc, 17 OHP, Androgens, Androstenedione, IGF1/IGFBP3, DHAS, GH, Vit D, Insulin, C Peptide, Antibiotic Assays, Cryoglobulin (2 Red + EDTA)	Immunology requests except C3D
	Draw Volume 6 ml			
	Cat. No. KFK114	SST [®] II	Aldosterone, B12, Ferritin and S. Folate, Downs Screen and all routine Biochemistry profiles except those mentioned elsewhere	Tube must be full
	Draw Volume 6 ml			
	Cat. No. KFK099	Heparin	Carboxyhaemoglobin Methaemoglobin Cytogenetics	Tube must be full
	Draw Volume 6.5 ml			
	Cat. No. KFK171	EDTA	FBC, Platelets, Sickle Test, Malaria, HbA1c, Hb Electrophoresis. The following tests require a separate tube and need to be sent to the laboratory straight away: Tacrolimus, Mycophenolate, Viscosity, Cyclosporin, Lead, C3D, Ammonia, ACTH, ESR, Chromosomes, Renin, Cryoglobulin (+2x Red), CTX	Tube must be full
	Draw Volume 4 ml			
	Cat. No. KFK277	Cross Match	Blood Group Cross Matching	Tube must have four patient identifiers and be signed
	Draw Volume 6 ml			
	Cat. No. KFK277	Fluoride Oxalate	Blood Glucose Ethanol Lactate	Tube must be full
	Draw Volume 6 ml			

An example of order of draw

The recommended order of draw for plastic vacutainer tubes is:

- First - blood culture bottle or tube (yellow or yellow-black top).
- Second - coagulation tube (light blue top). If just a routine coagulation assay is the only test ordered, then a single light blue top tube may be drawn. If there is a concern regarding contamination by tissue fluids or thromboplastins, then one may draw a non-additive tube first, and then the light blue top tube.
- Third - non-additive tube (red top).
- Last draw - additive tubes in this order:
 - SST (red-gray or gold top). Contains a gel separator and clot activator.
 - sodium heparin (dark green top)
 - PST (light green top). Contains lithium heparin anticoagulant and a gel separator
 - EDTA (lavender top)
 - ACDA or ACDB (pale yellow top). Contains acid citrate dextrose
 - oxalate/fluoride (light gray top)

Note: Tubes with additives must be thoroughly mixed. Erroneous test results may be obtained when the blood is not thoroughly mixed with the additive.

All tubes must be allowed to 'fully draw' before being removed from the needle holder. Insufficient sample may result in a test not being assayed, and results being inaccurate. All tubes must be inverted at least 6 times after collection. Inverting of tubes may vary ie gold or green tube gently invert 8 – 10 times. <https://www.clinicallabs.com.au/media/1833/tube-guide-aclmar-bf-nat-00146.pdf>. This ensures that the blood is thoroughly mixed with the contents of the tube.

When collecting samples with needle and syringe, transference of the blood from the syringe to the tubes should be undertaken using a blood transfer device. The lids of the tubes should not be removed to transfer the blood and blood should not be squirted directly from the syringe through the stopper into the tube as this can cause haemolysis of the sample. https://www.mps.com.au/media/6540/i011_pathology_collection_tips_techniques_sept_2016_update.pdf

The most common tubes used to collect in their correct order of draw are:

Light blue (sodium citrate tube)

- used to test clotting, coagulation profiles, warfarin monitoring etc

Gold / Orange (SST or GEL tube)

- most frequently used alongside the purple EDTA tube
- tests everything from organ function, hormone function, biochemical assays and medication monitoring etc

Purple (EDTA)

- tests full blood counts (FBC) alerting for cell change and abnormal counts.
- checks platelets, red blood cells, white blood cells etc

Grey (fluoride oxalate tube)

- used for blood glucose monitoring such as fasting blood glucoses, random blood glucoses and glucose and lactose tolerance testing

If blood cultures are ordered, they must be taken first.

COMMON BLOOD TESTS

FBC (Full Blood Count)

- pink tube
- checks cell count and shape and size of cells
- often the first blood test ordered as it is very diagnostic

ESR (Erythrocyte sedimentation rate)

- black tube
- checks inflammation within the body

EUC (Electrolytes, Urea and Creatinine)

- gold/orange tube
- checks kidney function

LFT (Liver function test)

- gold/orange tube

FBG (Fasting Blood Glucose) and RBG (Random Blood Glucose)

- grey tube

PLAIN OR ANTICOAGULANT TUBES

Tubes are categorised as plain tubes, that allow blood to naturally clot, or anticoagulant tubes, which have additives, preventing the natural clotting of the blood.

Anticoagulant tubes must be mixed with their additives during (if you can) and after blood collection. This is done with gentle inversion tilting. Not shaking, as this will cause haemolysis or fracturing of the cells. A tip is to try to gently invert the anticoagulation tubes when taking them out of the barrel. 6-8 gentle inversions should be enough to mix the blood and anticoagulant.

Anticoagulant tubes as per chart are:

- light blue tube
- yellow
- gold/orange
- green
- pink
- dark blue
- white
- black

Clot tubes as per chart are:

- gold/orange
- red

SODIUM CITRATE TUBE



EDTA TUBE



RAPID SERUM TUBE



NO ADDITIVE TUBE



HEPARIN TUBE



GEL SEPARATOR TUBE



ESR GEL SEPARATOR TUBE



FLUORIDE (GLUCOSE) TUBE



INITIATING VENEPUNCTURE PROCEDURE

To initiate venepuncture procedures it is necessary to consider the following:

- Assessment of the patient's condition.
- Site selection.
- Selection of the most appropriate venepuncture device.
- Site preparation.
- Insertion procedure.
- Labelling of collection tubes.

PATIENT ASSESSMENT

Before commencing the procedure, the following points should be considered:

- Does the patient have any bleeding disorder?
- Is the patient taking any medication which might affect the procedure e.g. anticoagulants.
- Has the patient had blood taken in the past if so, did they experience any problems.

SITE SELECTION

Site selection is governed by several factors:

- Condition of the veins.
- Previous surgery.
- Condition of superficial skin.

Site selection is often the deciding factor in the success or failure of venepuncture. Scrutiny of the veins in both arms is necessary before making a choice.

If the arm is affected by the following, the site for venepuncture is NOT appropriate:

- ✗ Mastectomy or axillary clearance.
- ✗ Oedema.
- ✗ Clot.
- ✗ Arteriovenous shunt/ fistula.
- ✗ Scarred skin.
- ✗ Infected areas.
- ✗ Decreased sensitivity (E.g. hemiplegia).

Avoid:

- ✗ Bruised areas.
- ✗ Sclerosed veins.

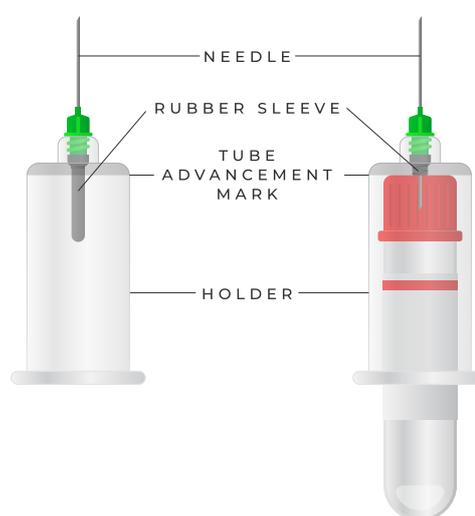
Consider:

- Use veins which are straight, soft and palpable.
- Choose veins which are round, firm, elastic and well filled.
- Utilise previous venepuncture history to assist with/ pre-empt any problems.

DEVICE SELECTION

The most used devices for venepuncture are vacutainers, butterfly needle or needle and syringe.

Vacuum blood collection system



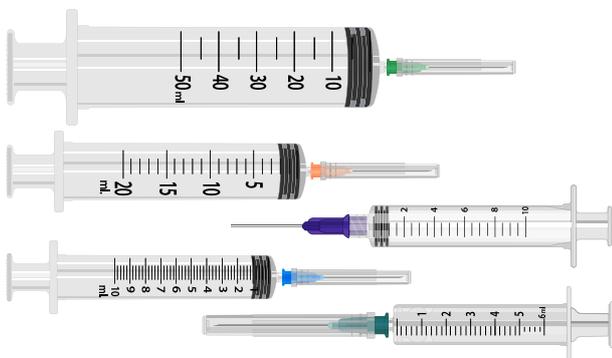
Vacutainer



Butterfly needle



Needle and syringe



Vacutainer system of collection

The vacutainer, or closed system of collection was introduced in the 1980's and enables collection of blood via a vacuumed tube and double ended needle. The advantages for this system include:

- enables multiple tubes to be collected quickly and without trouble
- when the technique is steady, it is the easiest way to take blood, enabling blood to flow freely without compromising results
- there is no requirement to notch off needles as there is with syringe collection thereby decreasing the chance of needle stick injury or blood spill
- it is a less expensive option, favoured by most pathology companies as the plastic barrels can be disinfected and reused. (Reuse of barrels is dependent on company protocol. Hospital and clinics tend to discard the barrels.)

Note: Barrels are inspected thoroughly before soaking. If any evidence of blood in barrel or barrel nose, the barrel is thrown out. When collecting with butterflies, barrels are not reused - barrel and butterfly are not disconnected and are disposed of together into the biohazard sharps container.

SITE PREPARATION:

- › Wash hands.
- › Put on face shield or safety glasses.
- › Put on gloves.
- › Using a circular motion sterilise an area from inside out for approximately 5cms using a skin swab.





PERFORMING VENEPUNCTURE

Getting started

Equipment:

- intact non sterile gloves
- tourniquet
- vacutainer:
 - barrel
 - vacutainer needle 21 g (green) or 22g (black)
- needle and syringe:
 - syringe
 - needle 21g (green) 23g (blue)
- butterfly needle:
 - butterfly (21g green) or (23g blue)
- appropriate tubes
- alcohol swab
- cotton wool ball
- micropore band-aid

Ensure all equipment assembled and contents are intact:

- vacutainer:
 - grasp the barrel and insert the short end of the needle into the threaded end and screw in tightly using a clockwise motion, place in kidney dish. Place alcohol swab, dry swab, and tubes required in same kidney dish
- needle and syringe:
 - attach needle to syringe leaving cap over needle
- butterfly needle:
 - attach needle to syringe leaving cap over needle
- identify tubes required and in what order they will be drawn
- explain the procedure

Patient:

- Greet patient.
- Assess patient status and patient has no allergies.
- Provide a clear explanation of the procedure.
- A relaxed patient is generally easier to bleed.

Phlebotomist:

- Check referral for:
 - patient details
 - tests required
 - if patient is required to fast (8-12 hours fasting is general fasting period. Patient may have unlimited water but no other liquid or food)
- Position the patient. The patient should sit in a chair, lie down, or sit up in bed.
- Ensure adequate lighting.
- Position the equipment for ease of use.
- Wash hands thoroughly.

Tourniquet:

- Apply the tourniquet 5 – 15 cm above the vein.
- Ensure the tourniquet clip is positioned so it can be easily and quickly released.
- Apply sufficient pressure.
- If having difficulty identifying a vein the following may be useful:
 - Stroke the vein lightly.
 - Ask the patient to open and close their hand.
 - Allow the arm to hang dependently.

Locating the vein:

- Palpate the vein using one or two fingers and light pressure feeling for elasticity and filling.
- Aim for a round, firm, fully filled vein which rebounds when compressed.
- Once a suitable vein is located start the procedure.

Skin preparation:

- Using a circular motion sterilise an area from inside out for approximately 5cms using a skin swab.
- Allow to dry before beginning.

INSERTION PROCEDURE

- Anchor vein firmly about 1.5 – 2cms below the intended puncture site.
- Ensure the needle is bevel up, directly over and in line with the vein.
- Insert the needle swiftly but steadily into the vein at approximately a 25 degree angle (for butterfly needle: Pinch the flexible wings together and insert needle).
- A faint “give” will be felt when the needle enters the vein.

Vacutainer:

- Hold the barrel steady with dominant hand and push inside the vacutainer collection tube until the needle punctures the rubber stopper.

- › If more than one tube is required, when the tube is fully drawn, remove the tube from the needle holder carefully pulling back on the filled vacutainer/syringe.
- › Maintain a steady hold of the barrel, so the needle remains stable during this process and remains in the vein.
- › When blood starts to flow into the tube/syringe loosen the tourniquet.

Needle and syringe:

- › Draw the desired amount of blood by pulling slowly back on the syringe stopper.

Butterfly needle:

- › Gently loosen grip on the butterfly wings and the mechanism will lean to one side. Tape down wing on this side only (taping down both wings pushes the needle downwards causing pain for the patient and risks collapsing the vein).
- › Push down on specimen collection tube until the needle punctures the rubber stopper.
- › Place a sterile dressing lightly over the venepuncture site.
- › Withdraw the needle smoothly and immediately apply firm pressure over the site for 2-3 minutes.
- › Needle and syringe and Butterfly needle:
 - › Transfer drawn blood into the appropriate tubes using a needleless vacutainer blood transfer device.
- › Ensure the sharp is disposed of in the correct sharps container.
- › Invert all tubes at least 6 times.
- › Label tubes, record date and time then sign the request form.
- › Place the specimens in a biohazard-bag and seal. Place the completed form in the outside envelope of the bag.
- › Check site for ooze. If no ooze, cover venepuncture site with cotton wool or a band-aid.
- › Instruct patient not to do any heavy lifting for 24 hours and that results will be available in 24 to 48 hours. If urgent, results will generally be available the same day. Farewell patient.
- › Dispose of other equipment in the gloves by grasping the material and pulling glove over, then dispose in the bin.
- › Wash hands and dry thoroughly.
- › Transport specimens to the laboratory.

Trouble shooting

If an incomplete collection or no blood is obtained:

- › Change the position of the needle. Move it forward (it may not be in the lumen) or move it backward (it may have penetrated too far).
- › Adjust the angle (the bevel may be against the vein wall).
- › Loosen the tourniquet; it may be obstructing blood flow.
- › Try another tube; use a smaller tube with less vacuum. There may be no vacuum in the tube being used.
- › Re-anchor the vein. Veins sometimes roll away from the point of the needle and puncture site.
- › Have the patient make a fist and flex the arm, which helps engorge muscles to fill veins.
- › Pre-warm the region of the vein to reduce vasoconstriction and increase blood flow.
- › Have the patient drink fluids if they are dehydrated.

If blood stops flowing into the tube:

- › The vein may have collapsed; resecure the tourniquet to increase venous filling. If this is not successful, remove the needle, take care of the puncture site, and redraw.
- › The needle may have pulled out of the vein when switching tubes. Hold equipment firmly and place fingers against patient's arm, using the flange for leverage when withdrawing and inserting tubes.

Problems other than an incomplete collection:

- › A haematoma forms under the skin adjacent to the puncture site - release the tourniquet immediately and withdraw the needle. Apply firm pressure. Haematoma formation is a problem in older patients.
- › The blood is bright red (arterial) rather than venous. Apply firm pressure for more than 5 minutes.

Additional considerations

To prevent a haematoma:

- › Puncture only the uppermost wall of the vein.
- › Remove the tourniquet before removing the needle.
- › Use the major superficial veins.
- › Make sure the needle fully penetrates the upper most wall of the vein. (Partial penetration may allow blood to leak into the soft tissue surrounding the vein by way of the needle bevel).
- › Apply pressure to the venipuncture site.

To prevent the rupture or destruction of cells (haemolysis - which can interfere with many tests):

- › Mix tubes with anticoagulant additives according to the pathology department table eg 5-10 times.
- › Avoid drawing blood from a hematoma.
- › Avoid drawing the plunger back too forcefully, if using a needle and syringe, or too small a needle, and avoid frothing of the sample.
- › Make sure the venepuncture site is dry.
- › Avoid a probing, traumatic venepuncture.
- › Avoid prolonged tourniquet application or fist clenching.



LABELLING OF SPECIMEN TUBES

Specimen tubes should be labelled legibly with the following:

- patients surname
- given name
- DOB (date of birth)
- time of collection
- date of collection
- sign tube

These are the minimal requirements for labelling tubes.

Important information:

- Always attempt to fill all tubes to their marked area.
- The light blue sodium citrate tube must be filled to the fill mark on the side of the tube.
- If under or over filled, patient will have to be re-bled. This is due to the carefully measured anticoagulant fluid in the tube requiring an exact amount of blood to be added to it.
- Tubes may have different fill marks. If filling via a syringe, make sure you only fill to the line and do not over fill.
- The vacutainer tubes will fill to the desired level automatically.
- Some tubes can be under filled and yet all tests can be done. Rule of thumb is that a couple of drops of serum are required for each test.
- When collecting a long pink EDTA tube for blood bank i.e. group, group and hold or crossmatch, this tube must be handwritten by collector and signed, and the signature must match the signature on the referral exactly. Bradmas may not be used. If any discrepancy, there will be a recollect ordered. This must be avoided due to the often-urgent nature of blood bank testing. If a patient needs urgent surgery for example, time cannot be wasted waiting for recollections and late results.
- Pathology collectors are only permitted to have 2 attempts at venepuncture per person. If both attempts fail, they must have another collector try.
- It is suggested that you ask for the assistance of a colleague if you are struggling to obtain blood for the patient's sake.



CHILD AND INFANT PATHOLOGY COLLECTION

Child and infant collections can be daunting, for both the collector and patient. Be prepared to spend time talking to the child. If they are old enough to understand, clearly explain the procedure so they know what to expect. Ensure the parents also understand the procedure as their stressful reaction can also impact their child's reaction.

If collecting from a child, ensure assistance is available:

- Sit child on parent's knee.
- Have parent cuddle child keeping opposite arm to venepuncture tucked in.
- Person holding should hold child's elbow and wrist firmly to make sure there are no sudden movements placing you or the child at risk.

Some collectors prefer to lay the child down to perform pathology collection but often the child can feel more anxious and pinned down and react by arching their back or kicking, increasing the risk of a needle stick injury.

In numerous reviews of needle stick injury cases, results have shown that many injuries could have been avoided by the implementation of simple and common sense precautions and procedures.

COMPLICATIONS AND CONTRAINDICATIONS RELATING TO VENEPUNCTURE AND SITE

Occluded veins

Occluded veins contain small, lodged clots making collection impossible. Visually they resemble varicose veins and are not palpable at all. They feel "squishy" and do not deflect back on palpation.

Damaged or sclerosed veins

These veins feel hard and ropey and are not elastic or patent hence they are not suitable for collection, often caused by prolonged IV therapy or drug dependency abuse.

Scarring and burns

Veins beneath damaged skin are usually impalpable and inserting a needle into these areas causes considerable pain.

Mastectomy patients

Patients who have had a mastectomy usually have also had removal of axillary nodes. This increases their chance of lymphoedema occurring to the affected arm. The tourniquets constriction can cause increased

lymphoedema therefore blood should be collected from the opposite arm to the mastectomy site. If a patient has had a double mastectomy, then blood should be taken from the hand, as it is furthest away from the axillary area.

Larger patients

Larger patients can often have difficult veins to see/palpate due to excess adipose tissue. The use of heat packs can promote dilation of the veins and it is advised to encourage them to drink water prior to testing if they can.

Excessive bleeding

Excessive bleeding from a puncture site usually only occurs when patients are taking forms of anti-coagulant therapy such as IV Heparin, Aspirin and warfarin etc. Pressure should be maintained over the site a little longer to prevent haematoma.

Radiology

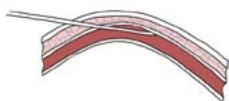
If patients have had any contrast dye and radiology injections, wait for 24 hours before taking blood unless instructed by doctor as the results can be affected.

Needle positioning



A: CORRECT INSERTION TECHNIQUE

Blood flows freely into needle



B: Bevel on vein upper wall does not allow blood to flow



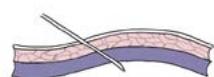
C: Bevel on vein lower wall does not allow blood to flow



D: Needle inserted too far



E: Needle partially inserted and causes blood leakage into tissue



F: When a vein rolls, the needle may slip to the side of the vein without penetrating it



G: Collapsed

VASOVAGAL EPISODE - FAINTING

Vasovagal episode is a sudden, brief loss of consciousness resulting from a temporary reduction in blood flow to the brain.

The episode is often associated with blood collection usually brought on by a vasovagal reaction. Vasovagal reactions (psychogenic shock) are triggered by sympathetic nervous system stimulation such as fear or emotional distress (fear of injections, or simple venepuncture, viewing of blood or invasive medical procedures).

Fainting is common during pathology collection. There are 3 instances during the venepuncture procedure where the patient is at most risk of fainting:

- before the procedure where the patient is significantly distressed at the thought of venepuncture
- after the procedure
- during collection

Many faints can be avoided by looking for trigger signs such as:

- patient informs you they have fainted before
- patient verbally tells you that they are frightened of having blood taken
- they appear jumpy and nervous
- look anxious when you call them in or approach them to take blood

Because fainting post the blood collection can lead to serious consequences, anyone who complains of giddiness or light-headedness before or after the blood draw should be advised to lie down until free of symptoms.

PLANNING FOR FAINTING PREVENTION:

- Prepare the venepuncture set-up and plan the process carefully.
- Always undertake procedure in an open space away from bench/table edges, equipment, and other hazards.
- Identify known fainters beforehand, if possible, undertake blood collection while lying down, and maintain supine position for several minutes.
- Observe those for venepuncture for pre-fainting signs (anxiety, sweating, colour changes, cool clammy skin, trembling) and respond immediately if signs are detected by lying affected person down flat with legs raised.



VASOVAGAL EPISODE - MANAGEMENT OF A CONSCIOUS CHILD AND ADULT

Signs and symptoms

- before loss of consciousness the patient may feel light-headed, nauseous, restless, anxious and look pale (have a change in their normal skin colour), sweaty and feel cool to touch
- patient may yawn, and complain of tingling or numbness in the fingers or toes
- slow, faint pulse
- unconsciousness
- rapid return of consciousness after being placed in the lateral recovery position
- the casualty may have a partial or generalised seizure as a result of hypoxia
- the casualty may lose control of their bladder or bowels

If you believe the patient is at risk of fainting - ensure patient is lying down to have blood taken and they are offered reassurance throughout the procedure. Chat to them as a diversion through the procedure to help settle them and ensure they feel ok before they sit up. Observe for changes in colour and conduct a blood pressure measurement if unsure.

If patient faints during collection, immediately release tourniquet and stop collection, dispose of sharp carefully and immediately.

MANAGEMENT OF A FAINTING PATIENT

Initiate the first aid priority action plan (DRSABCD) and include the following actions:

- › If conscious (near faint), DRSABCD, lie the casualty down into the supine position and raise the legs.
- › Encourage a gradual return to the upright position when recovering i.e. lying - sitting - standing - walking. Be guided by the patient's response to any change in position.
- › Speak gently and reassuringly to them, as they may be confused. Do not stand over them or yell.
- › After a faint, sensory perception may return at different times, which can be frightening for the patient, and they will often appear groggy and confused.
- › Move patient only when their colour has improved, and they are coherent and aware.
- › Patient should not be left alone until fully recovered and arrangements for someone to pick patient up should be made. Do not allow them to drive.

If a patient is feeling lightheaded after collection, let them stay seated until they have recovered, and facial colour has returned. Do not leave them alone. If able, encourage them to lie flat on the floor or a bed if available.

If unconscious, call for help, if casualty is breathing normally turn on side and wait for consciousness and assistance from colleagues. Follow normal procedure for your organisation.

If unconscious, call for help, if casualty is not breathing or not breathing normally commence cardiopulmonary resuscitation (CPR). 30 compressions to 2 breaths x five times in two minutes.

Call for an AED and follow the voice prompts.



RESOURCES

Nursing and Midwifery Board Ahpra

[https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards/registered-nurse-standards-for-practice.aspx#:~:text=RNs%20work%20in%20therapeutic%20and,with%20families%2C%20groups%20and%20communities.&text=As%20regulated%20health%20professionals%2C%20RNs,Board%20of%20Australia%20\(NMBA\).](https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards/registered-nurse-standards-for-practice.aspx#:~:text=RNs%20work%20in%20therapeutic%20and,with%20families%2C%20groups%20and%20communities.&text=As%20regulated%20health%20professionals%2C%20RNs,Board%20of%20Australia%20(NMBA).)

Nursing and Midwifery Board Ahpra

<https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards/registered-nurse-standards-for-practice.aspx#:~:text=Scope%20of%20practice%20is%20that,requirements%20of%20the%20service%20provider.>

Australian Government Department of Health

<https://www.health.gov.au/health-topics/nurses-and-midwives/about>

APNA

<https://www.apna.asn.au/profession/what-is-primary-health-care-nursing/general-practice-nursing>

National Hand Hygiene Initiative

https://www.safetyandquality.gov.au/sites/default/files/2019-10/blood_collection_audit_guidelines_-_revised_august_2018.pdf

Nursing Standard

<https://journals.rcni.com/nursing-standard/how-to-undertake-venepuncture-to-obtain-venous-blood-samples-ns.2018.e10531>

National Library of Medicine

<https://pubmed.ncbi.nlm.nih.gov/16134421/>

Royal Brisbane and Women's Hospital

<https://www.anzctr.org.au/AnzctrAttachments/369954-05450proc%20RBWH%20PIVC,%20venepuncture%20and%20Infusions-%20Adults%20and%20Peads.pdf>

Royal Children's Hospital Melbourne

https://www.rch.org.au/clinicalguide/guideline_index/Intravenous_access_Peripheral/

Australian Clinical Labs

<https://www.clinicallabs.com.au/patient/collection-information/collection-guide/blood-collections/after-care-instructions/>

Best Practice Pathology Collection in Australia - V Pilbeam, L Ridoutt and T Badrick, Asia Pacific Journal of Health Management 2016; 11: 1.

World Health Organization

https://www.euro.who.int/__data/assets/pdf_file/0005/268790/WHO-guidelines-on-drawing-blood-best-practices-in-phlebotomy-Eng.pdf

Issues of infection prevention and control in phlebotomy, Emma Vincent Practice Nursing Vol. 26, No. 8, 6 Aug 2015.

Venepuncture and Cannulation – A Practical Guide 2nd Edition by Nicola Brooks, 2017 Publisher: M&K publishing. Chapter 5 first page has information about equipment used to obtain blood including the use of needle and syringe.

Skills for Midwifery Practice Australia and New Zealand Edition by Sara Bayes, Sally-Ann de-Vitry Smith, Robyn Maude. Chapter 10 Page 106-107 Publisher: Elsevier Health Sciences APAC

Phlebotomy Essentials, Enhanced Edition by Ruth McCall 2020 Publisher: Jones and Bartlett Learning Page 198 - 200

<https://resus.org.au/guidelines/>

https://secureservercdn.net/198.71.190.10/777.066.myftpupload.com/download/section_2/anzcor-guideline-2-managing-an-emergency-apr-2021.pdf

https://secureservercdn.net/198.71.190.10/777.066.myftpupload.com/download/section_3/anzcor-guideline-3-recognition-and-first-aid-management-of-the-unconscious-person-apr-2021.pdf

https://secureservercdn.net/198.71.190.10/777.066.myftpupload.com/download/section_8/anzcor-guideline-8-cpr-apr-2021.pdf

<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/fainting>

<https://nurse.org/articles/how-nurses-professionally-draw-blood/>

Order of the draw

<https://pathwest.health.wa.gov.au/HealthProfessionals/Documents/PSCP036%20-%20Recommended%20Order%20of%20Draw%20-%202006.03.20.pdf>

https://www.dhm.com.au/media/Multisite8308/dhm_tube_guide_2019.pdf

<https://handbook.monashpathology.org/order-of-draw>

https://www.rch.org.au/uploadedFiles/Main/Content/Specimen_Collection/SC-W-039_Order_of_draw.pdf

<https://phlebotomyu.com/order-of-draw/>

https://www.euro.who.int/__data/assets/pdf_file/0005/268790/WHO-guidelines-on-drawing-blood-best-practices-in-phlebotomy-Eng.pdf

Troubleshooting

<https://www.alliedhealthworld.com/blog/phlebotomist-troubleshooting-a-failed-venipuncture.html>

https://www.nursingcenter.com/ce_articleprint?an=00152258-201607000-00008



Premium Health has a range of health care, first aid and mental health training programs conducted by our nurses, paramedics or mental health practitioners.



Call us to discuss our onsite face-to-face and live virtual classroom options, delivered anywhere in Australia.

HEALTH CARE

- Assisting clients with medication
- Assisting clients with medication (part 2)
- Advanced medication - eye and ear drops, topical creams, oral liquids and patches
- Autism spectrum disorder
- Blood pressure – using a digital blood pressure machine
- Bowel management – elimination
- Coronavirus and infection control
- Dementia training for support workers
- Diabetes training for support workers
- Dysphagia for support workers
- End of life care
- Epilepsy training for support workers
- Epilepsy training and midazolam administration via intranasal and buccal routes
- Food safety awareness for support workers
- Infection control
- Managing behaviours with positive support
- Manual handling
- Nebuliser training for asthma
- Ostomy and stoma care for support workers
- Pressure injury – prevention and care for support workers
- Providing personal care with dignity and respect
- Shallow suctioning
- Tube feeding management
- Urinary catheter care
- Wound care awareness for support workers

FIRST AID TRAINING

- Cardiopulmonary resuscitation (CPR)
- Provide first aid
- Asthma and anaphylaxis
- Advanced first aid

MENTAL HEALTH

- Mental health first aid
- Leadership and resilience training
- Mental health awareness

And many others...

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