Phlebotomy Venipuncture Procedure

**PRINCIPLE:** This policy establishes criteria for the correct collection of blood specimens by venipuncture.

**POLICY:** By establishing a procedure for the correct collection of blood by venipuncture many pre-analytical errors and patient management complications can be avoided. Patient safety is the ultimate goal above all other considerations. Cost, efficiency, etc are secondary to ensuring that in no way will the patient be harmed by the phlebotomy procedure. This includes all aspects of the procedure including ordering, drawing, labeling, handling and transporting the specimen. The quality of the patient results is directly dependent upon the quality of the specimen. By providing the highest standard of safety and quality of care customer service satisfaction can be achieved.

**PROCEDURE:**

**NOTE:** Because it is often impossible to know what isolates or specimens might be infectious, all patient and laboratory specimens are treated as infectious and handled according to “Universal Precautions”.

**Needles and holders are not to be reused. They are to be properly discarded immediately after the phlebotomy procedure. All needles and syringes must be taken out of the original package in the patient's presence. Never preassemble the vacutainer apparatus with a needle prior to use.**

**Supplies for Venipuncture:**

Blood Collecting Trays- Blood collecting trays should be lightweight and easy to handle with enough space and compartments for the various supplies.

Gloves- Disposable latex, vinyl, polyethylene, or nitrile gloves provide barrier protection.

Needles and Holders- Needles and holders should be compatible with the tubes selected for use. Needles and winged blood collection sets are individually color-coded according to their respective gauge sizes. A large gauge number indicates a small needle, while a small gauge number indicates a large needle. **Needles must always be sterile.** In order to prevent potential worker exposure, the needle safety feature should be activated immediately after specimen collection and discarded without disassembly into a sharps container.

For the safety of our patients, a patient should never be re-stuck with a needle. Once a needle has been used for a SINGLE venipuncture it should not be used again. (Example; if a venipuncture results in a miss, do not use that same needle to re-stick the patient. A new sterile needle must be used each time).

Sterile Syringes- Sterile syringes must remain sterile. If removed from their container and not used immediately they are no longer considered sterile and are not to be used.

Venous Blood Collection Tubes- Venous blood collection tubes are sterile and manufactured to withdraw a predetermined volume of blood.

Tourniquets- Tourniquets must be discarded immediately when contamination with blood or body fluids is obvious or suspected. Before drawing any in-patients, be sure to look around the room, typically next to the sharps container, for a tourniquet that is specific for that patient. Out-patient draws and off-site tourniquets are replaced daily, or upon any sign of obvious or suspected contamination.
Antiseptics- 70% isopropyl, PVP iodine prep pads, or 2% Iodine Tincture.

Gauze Pads-Small, prepackaged gauze pads should be available. Cotton balls may also be used.

Puncture-Resistant Disposable Container-An approved puncture-resistant disposable container that is compliant with national or local regulations must be available for the disposal of the contaminated needle assembly. Such containers typically have a color regulated by each country, and a biohazard symbol.

Ice-Ice or refrigerant should be available for specimens that require immediate chilling.

Bandages/Tape- Adhesive bandages, preferably hypoallergenic, and/or gauze pads should be available, as well as gauze wraps for sensitive or fragile skin.

Warming Devices-Warming devices may be used to dilate blood vessels and increase flow. When using commercial warmers follow the manufacturer’s recommendation. Warming devices should not exceed 42º C.

Specimen Collection Manual/Reference Lab Manual- A test manual listing the tube(s) and volume requirements for various tests, specimen handling instructions, and precautions.

**GENERAL VENIPUNCTURE PROCEDURE OUTLINE**

Step 1. Know what tests are ordered, what is needed to properly collect the specimens, and observe special handling requirements. If in doubt look up the test in the Specimen Collection Manual, Reference Laboratory Manual or On-Line Site.

Step 2. Identification of the patient must be done before the procedure.

(1) **General lab specimens**, TWO patient identifiers must be confirmed for positive identification of the patient, comparing the Meditech collection labels to the patient’s armband by both visually and verbally (when possible) checking. **There must be confirmation of the patient’s first and last NAME and confirmation of the patient’s DATE of BIRTH.** If any discrepancy arises it must be corrected prior to collecting specimens. The responsible authority (i.e. doctor, nurse, department secretary etc.) must be notified of the discrepancy. The armband must be attached to the patient. The phlebotomist must not rely on room number, name on nearby medical chart/forms, labels on connected IV bags, name on medication bottles, etc. for proper identification. **NO** specimens will ever be labeled after leaving the side of the patient. **NO** blood specimen can be brought back to the patient after it has left the side of the patient, and be labeled by the individual drawing the sample. (This policy is also applicable for Line draws, Hickmans, and/or Art lines.)

(2) **Outpatients**, **patients should be called back by first name only**. Once in the phlebotomy chair, patient is asked to verbalize first and last name and birth date which is then compared to specimen label and patient’s requisition.

Note: If a patient needs to be drawn after Outpatient Lab is closed, they must be taken to the Outpatient Lab to have their blood collected. They must not be drawn in the lobby or in a general office.

(3) **Blood Bank specimens**, in addition to the above 2 identifiers, the unique Blood Bank Number and the 3 digit alpha code for “Blood Loc” must be observed (on Blood Bank arm band) and written on the specimen for Blood Bank and on the collection labels. **NO** specimens will ever be labeled after leaving the
side of the patient. **NO** specimen for pretransfusion testing will ever be accepted by the Blood Bank without an armband number. **NO** Blood Bank armband will be placed on a patient after the blood is drawn. Blood Bank armbands must **always** be in place.
before drawing blood. **NO** blood specimen can be brought back to the patient after it has left the side of the patient, and be labeled by the individual drawing the sample. There are **NO** exceptions. Specimens drawn for Blood Bank testing **MUST** be labeled at the patient’s side. (This policy is also applicable for Line draws, Hickmans, and/or Art lines.)

**NOTE:** if the patient does not have a Blood Bank armband, then it is the lab’s responsibility to place the armband on the patient.

(4) Emergency room: make sure the proper armband is on the patient which includes the date of birth.  
(5) **Nursing home settings:** it is necessary to have the patient identified by an authorized employee of the facility. This must be documented. Patients who are drawn in a nursing home environment do not have an identification armband. When it is necessary to collect specimens from these patients the person collecting the specimen should have the patient properly identified by the attending nurse on duty, or appropriate employee of the nursing home. The identifying individual should accompany the person collecting the specimen to the resident’s bedside and properly identify the patient. Then the nursing home employee should sign or initial the outpatient specimen form.

**Step 3.** Verify the patient’s fasting status or diet restrictions as appropriate and inquire if the patient has a latex sensitivity or sensitivity to anything used in the phlebotomy procedure. This includes, but is not limited to, the following: latex, metal (needles), isopropyl alcohol, iodine (cleaning agents), adhesive tape, cotton, etc. Ask if the patient has ever had an adverse reaction to a phlebotomy procedure (i.e. loss of consciousness). Select the appropriate supplies based on the patient’s answers, for step 4.

**NOTE:** (FOR OUT PATIENT LAB) If a patient has loss of consciousness press the emergency buzzer that will notify the pre-surgery screening nurse of the situation (buzzer located at every drawing station). Where practical, lay the patient flat, or lower his/her head and arms if the patient is standing, and loosen tight clothing. The use of ammonia inhalants is not recommended because of associated bad effects. **Nausea:** Press the emergency buzzer; make the patient as comfortable as possible, instruct the patient to breathe deeply and slowly, and apply cold compresses to the patient’s forehead. **Vomiting:** Press buzzer, give the patient an emesis basin, have tissues ready and give the patient water to rinse her mouth. **Convulsions:** Press buzzer; do not restrain the movements of the patient’s extremities completely, but try to prevent injury.

**Step 4.** Assemble the necessary phlebotomy supplies, including the appropriate tubes according to test requests.

**Step 5.** Sanitize hands before and after patient contact. Alcohol-based cleanser is acceptable up to 8 times before washing.

**Step 6.** Position the patient carefully. Make sure the patient has no food, drink, chewing gum or any other object that could cause choking or injury. Use a pillow if necessary to prop the arm or hand. If possible position the patient’s arm or other site in a downward position to prevent reflux or “backflow” from the collection tube into the vein.

**Step 7.** Apply the tourniquet and select the venipuncture site. If there is to be a delay release the tourniquet. After 3 minutes the tourniquet can be re-applied.

**NOTE:** If using a blood pressure cuff for the tourniquet do not inflate it to more than 40 mmHg. **Gloves must be worn for venipuncture to comply with OSHA regulations.** Acceptable gloves are to be **vinyl (powder free) or latex (power free).** Because of the risk of hypersensitivity to latex proteins, use only non-latex or powder free non-latex gloves for the patient. Ask the patient to make a loosely clenched fist but do not allow the patient to pump his
fist. Select the vein site. Palpate and trace the vein with index finger. Note that arteries pulsate and are more elastic. The larger and fuller median cubital and cephalic veins are more frequently used, however wrist and hand veins are also acceptable. Cleanse the venipuncture site with 70% Isopropyl Alcohol Pads or appropriate cleanser in a circular motion from the center to the periphery. Allow the site to dry (this helps to avoid hemolysis). DO NOT wipe the site with gauze or a cotton ball as this would contaminate the site. Avoid touching the point of entry after the area has been cleansed. If the patient has “deep” veins and the phlebotomist must touch the area, he/she must ensure the finger being used is also cleansed with the appropriate cleansing agent (alcohol, PVP iodine, or 2% iodine tincture, etc.)

NOTE: Blood Alcohol specimens require cleaning the site with PVP IODINE Prep Pads (10% povidone iodine solution). See the following procedures (1) BVH Chemistry Manual-DXC Legal Alcohol Procedure and (2) BVH Phlebotomy Manual-Blood Plasma Alcohol.

NOTE: Blood Culture specimens require cleaning the site first with 70% isopropyl Alcohol Pads then followed by 2% Iodine Tincture, which must be allowed to air dry before drawing the blood. See the BVH Microbiology procedure “VersaTREK Blood Culture Procedure”.

Step 8. Drawing specimens:

1.) Inform the patient that the venipuncture is about to occur. From this point on be prepared to react to a sudden and unexpected loss of consciousness.
2.) Perform venipuncture; Grasp the patient’s arm firmly below (distal to) the intended venipuncture site. The phlebotomist’s thumb should be used to draw the skin taut to anchor the vein. The thumb should be positioned 1 to 2 inches below the venipuncture site. Anchoring the vein from above is not recommended due to the risk of accidental needlestick injury. With the bevel up, puncture the vein with the needle at a 30° angle or less. Keeping the needle as stable as possible in the vein, push/connect the first tube onto the needle using the holder flanges to prevent/restrict needle movement. Maintain the tube below the site when the needle is in the vein so there is air space between the incoming blood and the patient whenever possible.
3.) Once blood flow begins, release the tourniquet and as soon as possible request the patient to open his/her fist.
4.) Fill all tubes using the vacutainer holder or draw adequate volume of blood in the syringe. Allow the tube to fill until the vacuum is exhausted and blood flow ceases. For tubes with additives this will ensure there is a correct ratio of blood to additive. Remember to mix by inversion 5 to 10 times for all tubes with additives. (Do not delay this step).

Step 9. Place the gauze pad over the puncture site and remove the needle from the patient’s arm.

Step 10. Immediately apply pressure to the venipuncture site with a cotton ball or gauze until the bleeding stops. Do not allow the patient to bend his arm as a substitute for pressure as this technique is not adequate to prevent hematoma formation under all circumstances. Patients may apply direct pressure as long as the collector constantly monitors the site to ensure pressure is adequate. Apply a bandage over the venipuncture site. It is recommended that hypoallergenic adhesives be available. Instruct the patient to leave the bandage on for at least 15 minutes. When removing a bandage from a prior venipuncture, use adhesive
remover when possible or use a damp cloth to soak/moisten the tape edges to help decrease the stickiness to the skin and work off the tape gently.

NOTE: The phlebotomist should watch for excessive bleeding. If a hematoma develops or bleeding persists longer than 5 minutes a nurse should be alerted so the attending physician can be notified. Pressure, applied with a gauze pad, must continue at the site as long as necessary to stop the bleeding. Wrap a gauze bandage tightly around the arm to keep the pad in place and tell the patient to keep the bandage on the site for at least 15 minutes.

Step 11. **Place proper labels on the specimens** (including Blood Bank Specimens) **at the time of collection in the presence of the patient. Write the time drawn and your initials.** Include the date on all labels that do not already have it. Also remember for Blood Bank specimens to include the Blood Bank ARMBAND number and Blood Loc code. In the Outpatient Lab, the patient must be shown the tube to be used for Blood Bank to confirm if it is the correct name on the label, then the patient is to initial the label on the drawing log to acknowledge this confirmation. The Meditech specimen labels provide unique identification of the specimen just collected with a specimen number and departmental prefix, full name of patient, account number, birth date, room number and age – along with tests ordered. If Meditech label is not available specimen must be hand labeled with patient’s name, date of birth, collector’s initials, time of collection, and date of collection.

Step 12. Properly dispose of the single draw apparatus and needle using the designated container on the phlebotomy tray or designated biohazard containers either on the patient’s counter or wall.

**NOTE: Each individual may attempt Venipuncture a total of three (3) times per patient. If unsuccessful, you MUST seek assistance.**

Step 13. Check for bleeding. When the patient is ready release them with a thank you, or another appropriate expression of thankfulness for their patronage.

Step 14. Send or take the properly labeled blood collection tubes to main laboratory for testing.

**SPECIFIC VENIPUNCTURE GUIDELINES**

**Tourniquet Etiquette:**

**Thou shalt at all times use a clean tourniquet.**

**Venipuncture Site:** The preferred venipuncture site is the antecubital fossa, which is the area of either arm that is anterior to (in front of) and below the bend of the elbow where a number of large veins lie relatively near the skin’s surface. When antecubital veins are not acceptable or unavailable, veins on the back of the hand are also acceptable for venipuncture. Veins on the underside of the wrist must not be used, as nerves and tendons are close to the surface of the skin in this area. Alternative sites, such as ankles or lower extremities, must not be used without the permission of the physician because of potential for significant medical complications. (e.g. phlebitis, thrombosis and tissue necrosis). This permission MUST be properly documented on the patient’s chart by the nursing staff. A verbal message is NOT acceptable.

**NOTE:** Arterial punctures should not be considered as an alternative to venipuncture for difficult draws.

**Tourniquet Location:** Wrap the tourniquet around the arm 3 to 4 inches above the venipuncture site.
**Tourniquet Application:** Application of the tourniquet should not exceed one minute as localized stasis with hemoconcentration and infiltration of blood into tissue may occur. This may cause erroneously high values for all protein-based analytes, packed cell volume and other cellular elements. If a tourniquet has been in place for longer than one minute, it should be released and reapplied after two minutes. If a patient has a skin lesion at the intended tourniquet location, consider an alternate draw site or apply the tourniquet over the patient’s gown. Alternatively, a piece of gauze pad or paper tissue should be used so the skin is not pinched.

**Fist Clenching:** The slightly clenched fist (no white knuckles please) helps to make the veins become more prominent and easier to enter. There must not be vigorous hand pumping because this can cause changes in the concentration of certain analytes in the blood.

**SPECIAL VENIPUNCTURE CONSIDERATIONS:**

**Isolation Procedures:**
See the following policies:
1. BVHS Nursing Department Procedure “Isolation/Transmission Based Precautions”.
2. BVHS Nursing Department Policy Manual “Subject: Lab Notification of Patient Isolation”.
If you are not sure ask the patient’s nurse for instructions.

**1. Other Venipuncture Location Considerations:**

**Extensive Scarring- Avoid healed burn areas.**

**Mastectomy- A Physician must be consulted before drawing blood from the side on which a mastectomy was performed because of the potential for complications due to lymphostasis.**

**Hematoma- Specimens collected through a hematoma area may cause erroneous test results. Phlebotomy must not be performed on any size hematoma. If another site is not available, the specimen is collected distal to (below) the hematoma.**

**Indwelling lines, heparin or saline locks, vascular access devices (VADs)-See Blood Collection from Vascular Access Devices.**

**Fistula- A fistula is an artificial shunt connection done by a surgical procedure to fuse vein and artery together and is used for dialysis only. An arm with a fistula should not be used for drawing blood. The use of a tourniquet may cause complications.**

**2. Guidelines for Venipuncture and IV Sites:**

**IV Fluids:** Drawing blood from an IV arm has a potential for erroneous and misleading test results. Whenever possible, blood should be drawn from the opposite arm when an IV fluid (including transfused blood products) is being administered into a patient’s arm. If an IV is temporarily closed off, this must be done only by authorized caregivers according to specific institutional policy. Do not ever attempt to adjust or turn off/on an IV.

**1.) Blood must not be drawn from any vein above an IV. (No exceptions are to be made).** An alternate arm, leg, or micro-capillary stick (below the IV), must be used. You must be certain that the proper amounts of capillary blood can be obtained for the tests ordered. (Coagulation specimens cannot be obtained by fingerstick).

**NOTE: Permission from physician must be secured before drawing from a leg.** This permission MUST be properly documented on the patients chart. A final option might be a femoral stick by the physician.

**2.) Guidelines for Venipuncture Distal to (below) the IV Site:**
1) Ask the responsible caregiver to turn off the IV infusion for at least 3 minutes before venipuncture. Care should be taken to ensure that the flow has completely discontinued.

2) Apply the tourniquet distal to (below) the IV infusion site between the IV and the intended venipuncture site.

3) Perform the venipuncture.

Everyone performing a venipuncture must strictly adhere to the above policy relating to IVs and document the details relating to either situation #1 or #2 in Meditech Specimen Comments when receiving the specimen. If you are not going to be receiving the specimen into the laboratory be sure to document on the specimen label "LBIV" so that the laboratory personnel receiving the specimen can enter the information properly. The following canned text may be used with the [F4] function key.

"LBIV" - BELOW IV
"This specimen was drawn in same arm and below an IV !!
The IV was turned off by nursing for [] minutes before collecting the specimen. Tech/Phleb – []." (The [] is to be filled in)
This step is vitally important in determining if a specimen has been compromised by IV fluid. It allows the technologist performing testing to be aware of possible compromised results prior to releasing results. It also aides the caregiver in interpreting results appropriate to the patient’s current clinical history.

3. PATIENTS 6 MONTHS OR LESS: Laboratory blood specimens on children 6 months or less should be obtained primarily by skin punctures, heel stick, finger stick or big toe stick unless the amount of blood needed is too great for a skin puncture or a coagulation test has been ordered which requires a venipuncture. The purpose of this requirement is to avoid unnecessary trauma to the child’s vein.

Order of Draw:
1. Blood Culture Specimen
   Plain Royal Blue
   EDTA Royal Blue*
   (Plain Red Top)-Glass or Plastic Non-Additive Tubes Without Clot Activator.
   Coagulation Tube (Sodium Citrate-Blue top)
   Yellow/ACD A&B
   SST-Serum Tube with or without clot activator, with or without gel (Red or Red-Gray top)
   Heparin Tubes:
      1. Plain Sodium Heparin.
      2. Plain Lithium Heparin.
      3. Lithium Heparin Gel.
   Lavender EDTA**
   Pink EDTA**
   Gray (Sodium Fluoride/Potassium Oxalate)-Glycolytic Inhibitor
* If metal trace EDTA tube needs drawn, collect the EDTA Royal Blue and follow with 4 ml Plain Red top to avoid contamination of EDTA in the next tube drawn.

** EDTA Lavender & Pink may be switched in the order of draw.

NOTE: The same above order applies to both vacutainer venipuncture and syringe/needle venipuncture.

NOTE: Plastic or glass serum tubes containing a clot activator may cause interference in coagulation testing. Glass non-additive serum tubes or plastic serum tubes without a clot activator may be drawn before a coagulation tube.
NOTE: When using a winged blood collection device set for venipuncture and a coagulation tube is the first tube needed, first draw a discard. The discard tube must be used to prime the tube of the collection set, which will assure maintenance of the proper anticoagulant/blood ratio in the first tube filled. The discard tube can be a non-additive or a coagulation tube, and need not be completely filled. Make sure you dispose of the sodium citrate discard. **DO NOT MIX UP THE DISCARD TUBE WITH THE TEST SPECIMEN.**

NOTE: If several tubes are drawn for the same test it is the responsibility of the phlebotomist to indicate to the technologist what tube is the appropriate one for testing and which ones may be questionable.

**Selection of Venipuncture Site:**
Antecubital vein location varies slightly from person to person; however, two basic vein distribution arrangements referred to as the “H-shaped” and the “M-shaped” patterns are seen most often. The “H-shaped” pattern is so named because the most prominent veins in this pattern- the cephalic, cephalic median, median basilic, and basilic veins- are distributed on the arm in a way that resembles a slanted H. The most prominent veins of the M pattern- the cephalic, median cephalic, median basilic, and basilic veins- resemble the shape of an M). The H-shaped pattern is seen in approximately 70% of the population.

**Factors in Vein Selection:** Select the vein carefully. The brachial artery and several major nerves pass through the antecubital area. Accidental artery puncture and nerve injury are risks of venipuncture. Prioritizing veins can minimize the potential for accidental arterial puncture and nerve involvement. Typically, a tourniquet is used to aid in the selection of a vein unless specific tests require that a tourniquet not be used. A tourniquet is not necessary if veins are large and easily palpated. However, if only the basilic vein is visible without a tourniquet, one must be applied so the availability of safer veins (e.g. median and/or cephalic) can be assessed. Palpation is usually performed using the index finger. The collector’s thumb should not be used to palpate because it has a pulse beat. In addition to locating veins, the palpation pressure helps to differentiate veins from arteries, which pulsate, are more elastic, and have a thick wall. Remember, when vein selection, cleansing, and access take longer than one minute, the tourniquet must be released and reapplied after waiting two minutes to minimize the effect of hemoconcentration.
NOTE: Leaving a tourniquet on too long can produce significant error from hemoconcentration. For example, one study demonstrated an average of 3% increase (0.4 g/dL) in hemoglobin after only 1 minute of tourniquet time, and an average 7% (0.9 g/dL) increase after 3 minutes. At the high end of hemoglobin concentration, a tourniquet time of about 2 minutes creates a statistically significant hemoglobin increase in blood specimens, which can mis-classify athletes in antidoping programs and mislead physicians in diagnosing anemia.

Accidental Arterial Puncture: If during the procedure accidental arterial puncture is suspected (e.g. rapidly forming hematoma, rapid filling tube, and bright red blood), discontinue the venipuncture immediately. Remove the needle and apply direct forceful pressure to the puncture site for a minimum of 5 minutes until active bleeding has ceased. The nursing staff and physician must be notified and the incident documented according to institutional policy.

NOTE: Consult with supervisory personnel to determine the suitability of the suspected arterial specimen for testing. If the specimen is acceptable it must be annotated that the specimen was an arterial specimen. In some cases different normal reference intervals are assigned to arterial blood. This information must be conveyed to the caregiver through Meditech Specimen Collection comment and Test Result comments.

Nerve Injury: If the patient feels a shooting, electric-like pain, or tingling or numbness proximal or distal to the venipuncture site, terminate the venipuncture and remove the needle immediately. Repeat the venipuncture in another site with a new sterile needle if needed. Document the incident and direct the patient to medical evaluation if indicated, both according to facility policy.

**PROPER USE OF SAFETY EQUIPMENT:**

**NEVER Re-cap any needles.**

A. **Vacutainer (BD) Eclipse.**

All Vacutainer holders are to be **SINGLE USE.** OSHA states “Blood tube holders, with needle attached, must be immediately discarded into an accessible sharps container after safety feature has been activated”. The re-use of vacutainer blood tube holders is strictly prohibited by OSHA and BVHS. (According to OSHA, “removing contaminated needles and re-using blood tube holders can expose workers to multiple hazards.”

Procedure for use of BD Vacutainer Eclipse:
1. Holding both colored shields, twist and remove white shield (end to be screwed into holder).

Screw in holder.

Rotate safety shield back out of way.

Twist and pull needle shield straight off.

Perform venipuncture.

Firmly lock safety shield using the thumb (one handed procedure). For greatest safety, use the thumb technique and activate away from self and others.

Properly dispose of the entire single draw apparatus and needle using the designated container on the phlebotomy tray or designated biohazard containers either on the patient’s counter or wall.

B. **Syringe Draw.**
1. Use syringes.

Attach appropriate BD Hypodermic Needle.

Collect the specimen, firmly lock safety shield using the thumb.
For the phlebotomist’s safety at this time discard the needle used for drawing. Attach new needle for filling specimen tubes.

Fill the required tubes using **strictly a one handed procedure.** The tubes to be filled **are to be placed securely on the phlebotomy tray.** Once the tubes are filled and labeled they should be moved to regular storage area in the tray or OPL drawing station.

After all tubes are filled pull the safety shield on the syringe over the needle.
1. Properly dispose of the entire single draw apparatus and needle using the designated container on the phlebotomy tray or designated biohazard containers either on the patient's counter or wall.

**C. Butterfly “Saftey-Lok” Draw.**

*Butterfly used with a SYRINGE*

1. Open Butterfly Saftey-Lok package and remove device.

Remove the Multi-Sample Adaptor and attach appropriate size syringe.

Remove the clear plastic needle cover.

Perform Venipuncture.

When complete – remove the Butterfly needle from arm.

Leave the Butterfly device attached to the syringe.

Fill the required tubes using **strictly a one handed procedure**. The tubes to be filled are to be placed securely on the phlebotomy tray. Once the tubes are filled and labeled, they should be moved to regular storage area in the tray or OPL drawing station.

After all tubes are filled, activate safety shield device on the Butterfly needle by pushing the clear yellow “Saftey-Lok” shield away from you over the exposed portion of the needle by holding on to the square base and sliding the blue wing toward you. Press firmly at full extension to lock in place.

Properly dispose of the entire single draw apparatus and needle using the designated container on the phlebotomy tray or designated biohazard containers either on the patient’s counter or wall.

**Butterfly used with a Multi-Sample Adapter – VACUTAINER**

1. Open Butterfly Safety-Lok package and remove device.

Attach a single use Vacutainer Tube Holder to the Butterfly sample adaptor at the end of the tubing.

Remove the clear plastic needle cover.

Perform Venipuncture.

Fill all required tubes from the Vacutainer Tube Holder.

When complete – remove the Butterfly needle from arm and activate safety shield device by pushing the clear yellow “Saftey-Lok” shield away from you over the exposed portion of the needle by holding on to the square base and sliding the blue wing toward you. Press firmly at full extension to lock in place.

Properly dispose of the entire single draw apparatus and needle using the designated container on the phlebotomy tray or designated biohazard containers either on the patient’s counter or wall.

**NOTE:** When the butterfly device is removed from the venipuncture site the phlebotomist must use the “One-Hand” technique to activate the safety device/shield.

**REFERENCES:**

1. OSHA to Begin Citing for Reusing of Tube Holders, Hospital Employee Health, Aug 2002.