Training Checklist for Venipuncture Protocol

Instructions: In order to gain experience and become more confident with venipuncture blood collection, you and a partner will role play as the patient and as the person performing the blood collection. Be sure that each person takes a turn with each role so that everyone has the opportunity to learn the correct procedures.

Objectives: Given the necessary equipment, perform a venipuncture with Vacutainer™, syringe and butterfly which is suitable for diagnostic testing. This procedure must be performed within 5 minutes with a level of accuracy of 80% satisfactory for the completed list below.

Instructor’s Evaluation Form: Venipuncture Protocol

Name of Phlebotomist: __________________________ Date __________

Name of Patient: __________________________ __________________________

Patient’s Unique Identifier Number: __________________________

✓ = Satisfactory + = Unsatisfactory

_____ Assemble the necessary equipment for a venipuncture.

_____ Wash hands with soap and water. Observe the OSHA Standard for this procedure. Put on gloves and liquid impervious lab coat or apron.

_____ Identify the patient by having the patient or adult spell his or her name.

_____ Explain the procedure to the patient.

_____ Prepare needle and syringe, vacuum-tube collection system and/or butterfly system.

_____ Apply the tourniquet correctly as shown in the workbook.

_____ Examine and identify the site that will be used for the venipuncture.

_____ Palpate the vein and remove the tourniquet.

_____ Cleanse the area with 70 % isopropyl alcohol and allow the site to air-dry or wipe with a sterile gauze (2 X 2) pad.
_____ Apply the tourniquet and with the non-dominant hand anchor the vein.

_____ Perform a venipuncture at a 15° angle with the bevel facing up using a swift but smooth continuous movement.

_____ For single draws, remove the tourniquet when the blood begins to enter the tube.

_____ Note: For multi-tube venipuncture, leave the tourniquet on the patient’s arm until the last tube has been collected.

_____ If you are collecting more than one vacuum tube, gently invert the additive tubes of blood at least eight times as they are removed from the holder.

_____ When the tube has filled, cover the puncture site with a sterile 2 X 2 gauze and remove the needle in a swift movement.

_____ Immediately apply pressure to the puncture site with sterile 2 X 2 gauze.

_____ Ask the patient to continue applying pressure to puncture site, keeping the arm elevated and extended. Do NOT bend the arm at the elbow.

_____ Discard the needle in a sharps biohazard container without recapping the needle.

_____ Gently invert the additive tubes of blood at least eight times at the completion of the collection.

_____ Label all tubes with all required information.

_____ Observe the puncture site to make sure bleeding has stopped and determine whether an adhesive bandage should be applied to the site.

_____ Remain with the patient until bleeding has stopped.

_____ Clean the work area following laboratory protocol with a disinfectant.

_____ Remove gloves and wash hands with soap and water.

_____ The procedure was completed within 5 minutes.

_____ The specimen collected was suitable for diagnostic testing.

_____ Repeat this procedure for the other methods for venipuncture: syringe and needle, pediatric vacuum system, and/or butterfly.
The procedure was performed with accuracy of 80% satisfactory for the completed checklist.

Final Training Checklist Evaluation

<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>(&gt; 80%)</td>
<td>(80%)</td>
<td>(&lt;80%)</td>
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Comments:

Corrective Action Plan: This MUST be completed if “Needs Improvement” or “Unsatisfactory” is assessed.

Time Frame for Completion:
Specific skills needing improvement:
Next evaluation of skill will be:

Instructor’s Signature _________________________________ Date________
Corrective Action Plan Completed _________________________________ Date ______
Participant’s Signature _________________________________ Date ______
Corrective Action Plan Understood _________________________________ Date ______
Supervisor’s Signature _________________________________ Date ______
Director’s Signature _________________________________ Date ______

Revised 12-12-10 rb