

Blood Collection: Tips for Success

Best Sites for Venipuncture

Superficial veins of the upper limb



1. Median cubital vein

A superficial vein, most commonly used for venipuncture, it lies over the cubital fossa and serves as an anastomosis between the cephalic and basilic veins.

2. Cephalic vein

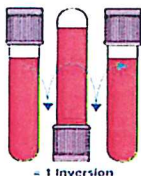
Shown in both forearm and arm, it can be followed proximally where it empties into the axillary vein.

3. Basilic vein

Shown in the forearm and arm, it divides to join the brachial vein.

Order of Draw

Closure Color	Collection Tube	Mixing
BD Vacutainer[®] Blood Tubes		
	• Blood Cultures - SPS	x 8-10
	• Citrate Tube*	x 3-4
or	• BD Vacutainer [®] SST [™] Gel Separator Tube	x 5
	• Serum Tube	x 5
	• Heparin Tube	x 8-10
or	• BD Vacutainer [®] PST [™] Gel Separator Tube With Heparin	x 8-10
or	• EDTA Tube	x 8-10
	• Fluoride (glucose) Tube	x 8-10



Two Patient Identifiers Prior to Collection ! (Hospital Accreditation Req

Site and Device Selection:

- Antecubital area is recommended
- Larger veins and straight blood collection needles 22 G or larger reduce che
- Wingsets only for small, fragile veins and for blood cultures
 - * use Discard tube if Coag is first tube collected (to purge air from wing

On VAD (vascular access device) insertion:

- Collecting from catheters 22 G or smaller causes more hemolysis
- Avoid direct connect of tube holder to hub: lifting of catheter to con at hub; sharp angle can cause hemolysis
- Use extension set to avoid kinking (Discard tube to clear air or salin
- Use Luer Lok Access Device[™] for secure connection

- Discard minimum 2X the dead space volume of line for non coagula space volume for coagulation tests

Let the Alcohol / Chlorohexadine air dry for 30-60 seconds

- Wet alcohol on skin and needleless connectors causes hemolysis
- Do not fan, blow or wipe the site to dry

Tourniquet time:

- No more than 1 minute; release while cleansing site and alcohol dry
- Release as first tube is filling

Follow Order of Draw for Venous Blood Collection

- To avoid specimen error caused by carry-over of tube additives

Hold Vacutainer[®] tube firmly in holder until blood flow ceases

- All tubes must be full to ensure correct ratio of blood to tube additiv
- Full tube critical for Coag studies (blue top tube)

Mix tubes, by gentle inversion, for the recommended number of times (s

- Mix immediately upon removing from holder, as next tube is filling, 1 (see diagram bottom left)
- Vigorous mixing or shaking causes hemolysis

Labeling:

- Must be done at bedside *before walking to nursing or pneumatic tut*
- Staff ID, date and time must be legible (Lab Accreditation Requireme
- Do not cover tube cap (caps are removed in Lab; label will rip)
- Barcode straight up and down (analyzer scanner will not read if barc
- Leave "window" for lab to check for clotting, hemolysis and proper
- Document if sample collected from a VAD, and what is being infuse