## Name of Policy: Minimizing Large Volume Blood Draws

<table>
<thead>
<tr>
<th>Policy Number:</th>
<th>3364-107-319</th>
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<tbody>
<tr>
<td>Department:</td>
<td>Pathology-Laboratory</td>
</tr>
<tr>
<td>Approving Officer:</td>
<td>Chief Executive Officer-UTMC</td>
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<tr>
<td>Responsible Agent:</td>
<td>Director, Clinical Pathology/Hematopathology Administrative Director, Lab</td>
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<tr>
<td>Scope:</td>
<td>Pathology-Laboratory</td>
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**Effective Date:** 3/1/2017  
**Initial Effective Date:** 1/12/2009

| New policy proposal | X Minor/technical revision of existing policy | Reaffirmation of existing policy |

(A) **Policy Statement**

Laboratory will take steps to reduce unnecessary large volume blood draws whenever possible.

(B) **Purpose of Policy**

Blood losses from phlebotomy may be a cause of anemia and increase transfusion needs. Other consequences include greater risk of complications during collection for health care workers and patients, increased amounts of hazardous waste, and greater cost.

(C) **Procedure**

1. Laboratory has evaluated and uses low volume draw vacutainer tubes. These tubes range from 1.8 ml – 5.0 ml.
2. Patients in the Intensive Care Units use low volume blue and lavender top tubes unless volume of blood needed for testing is prohibitive.
3. Phlebotomy staff review and combine orders on all inpatients whenever possible.
4. Laboratory Information System has programming in place to cancel duplicate orders as established by the medical director.
5. Laboratory utilization is reviewed on a consistent basis and actions are taken as necessary.

### Approved by:

Robert L. Booth, Jr., M.D.  
Associate Professor  
Director, Clinical Pathology/Hematopathology  
Date: 23-17

Daniel Barbee, RN, BSN, MBA  
Chief Executive Officer-UTMC  
Date: March 2017

### Review/Revision Date:

- 5/1/2011
- 4/1/2013
- 3/1/2017

### Next Review Date:

3/1/2019

Policies Superseded by This Policy: None