


Name of Policy: Phlebotomy Guidelines Policy Number: 3364-107-109 Approving Officer: Medical Director, Clinical Pathology Responsible Agent: Director, Clinical Pathology Administrative Director, Lab Scope: Pathology Laboratory University of Toledo Medical Center		 Effective date: 01/04/2025 Original effective date: 11/06/1995	
Key words: Phlebotomy, morning draws, start time, supplies, patient identification.			
<input type="checkbox"/>	New policy proposal	<input type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input checked="" type="checkbox"/>	Reaffirmation of existing policy

(A) Policy statement

The laboratory has a policy for conducting early AM phlebotomy duties for efficient specimen collection.

(B) Purpose of policy

To provide guidelines for use by laboratory personnel responsible for obtaining specimens from patients.

(C) Procedure

1. Early a.m. phlebotomy duties will begin at 04:00 for both UTMC inpatients and UTMC extended care clients.
2. Verify you have all required equipment and supplies.
3. **Do not draw patients without ID armband.** Patients lacking identification must be properly armbanded by nursing personnel prior to specimen collection.
 - UTMC extended care clients and those admitted to Kobacker, and Senior Behavioral Health do not utilize armbands. Verify their identification by following outpatient procedures of verbal name and date of birth, with picture IDs provided by unit, or by questioning primary caregiver at facility.
4. Two identifiers must always be used before performing any procedure on a patient including phlebotomy. The patient’s name and medical record number are used for inpatient phlebotomy procedures. The patient’s name and birth date are used for outpatient phlebotomy procedures.

5. Prior to phlebotomy, scan the patient's armband using the mobile care phlebotomy device and ask the patient to verbally confirm their name and date of birth. Do not proceed until any discrepancies are resolved.

Venipuncture Site Selection: The median cubital and cephalic veins are most commonly used for venipuncture. Alternative sites are the basilic vein on the dorsum of the arm or dorsal hand veins.

These sites are not to be used by the phlebotomy team at UTMC:

- a. Any lower extremity, including legs or feet.
 - b. Extensive scarring from burns or surgery
 - c. The upper extremity on the side that a mastectomy was performed.
 - d. Intravenous therapy/Blood Transfusions – If it is not possible to draw the opposite arm, then blood should be drawn from BELOW (distal to) the IV. The tourniquet should be applied between the IV site and the venipuncture site. If drawing above the IV site is the only option, then the IV infusion must be turned off for at least 5 minutes before performing the venipuncture. As there is still a risk that the sample could be contaminated, you must document that the specimen was drawn above (proximal to) an IV site and how many minutes the IV was turned off before the draw occurred. The lab may reject the specimen as contaminated based on the test results.
 - e. Cannula, Fistula or Vascular Graft
 - f. Hematoma – A venipuncture should not be performed on a hematoma, regardless of how small it may be. If there is not an alternate vein to draw, the venipuncture should be performed distal to (below) the hematoma.
6. **Wear gloves** when drawing patients and **wash your hands when the blood draw is complete. Always change gloves between patients.**
 7. Make attempt to return to patients who were previously occupied or absent on your first visit.
 - **“Misses”** are to be communicated to another phlebotomist as soon as possible to minimize any delays. Known extremely **difficult patients** will be drawn at the end of the phlebotomist's list of draws.

<p>Approved by:</p> <p>/s/</p> <hr/> <p>Name: Amira Gohara, M.D. Title: Medical Director, Clinical Pathology</p> <p>1/10/2025</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by:</i></p> <p><i>Joshua Otiso, Administrative Director, Lab</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none">• <i>OP-9</i> <p>Initial effective date: 11/06/1995</p> <p>Review/Revision Date: 01/04/2025</p> <p>Next review date: 01/04/2027</p>
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