PHLEBOTOMY Ps and Qs:
PROBLEMS and QUANDARIES in
SPECIMEN COLLECTION

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Phlebotomy Ps and Qs: Problems and Quandaries in Specimen Collection

Workshop Description

Phlebotomists routinely encounter dangerous conditions, problem patients, and other issues during blood collection. This session will suggest techniques that can be used to avoid or safely manage these difficulties. Areas to be discussed encompass: risks associated with venous blood collection, such as improper vein selection and needlestick exposure; unusual patient situations that impact phlebotomy practice, including the cancer and bariatric patient; communication barriers and methods to improve patient interactions, like developing good listening skills and effective communication approaches with the elderly; and legal issues and the standard of patient care, to include types of liability and how to minimize risk.

Workshop Objectives

At the conclusion of this program, participants will be able to accurately:

1. Describe proper procedures for identifying patients in different clinical situations.

2. Discuss advantages, disadvantages, and challenges associated with the collection of blood specimens from various anatomic sites and in special patient conditions.

3. Identify precautionary measures and actions that promote safe use of phlebotomy equipment.

4. List barriers to effectively communicating with patients.

5. Discuss legal issues that affect quality patient care in the phlebotomy setting.
Phlebotomy Ps and Qs:
Problems and Quandaries in Specimen Collection

I. Welcome and Introductions

- Phlebotomists face many challenges
- And endure all types of remarks and comparisons . . .

II. Phlebotomy Challenges

A. Dangerous conditions
B. Problem patients and unusual patient situations
C. Risks associated with equipment and collection site
D. Communication issues
E. Liabilities that impact patient interactions

III. Objectives - Again

IV. Proper Patient Identification

A. Reminders
   - only identifiers attached to the patient are acceptable
   - patients should state their full name and spell first and last names; state DOB
   - same information needs to be verbalized by a verifier if patient cannot provide the information; document name of verifier
   - resolve any discrepancies, even if apparently only minor, before collecting specimens
   - note that procedures vary depending on patient conditions

B. Problems in patient identification

   1. patient has no ID band
   2. ID band not attached to patient
   3. ID band has incorrect information
   4. high-risk situations
      a. siblings/twins
      b. look-alike or sound-alike names (Tommy Jones/Tom E. Jones)
   5. impatient doctors or nurses
   6. other?

C. By the numbers
   - several studies underscore the importance of proper patient identification
   and emphasize that the challenges to proper patient ID are very real
V. Quandaries in Vein Selection

A. Preferred veins

1. median cubital in the arm
   - closer to the surface
   - more stationary
   - less uncomfortable
   - less dangerous

2. cephalic
   - generally large and full
   - shares other features with median cubital as a good choice

B. Optional veins

1. arm
   - basilic
   - generally best to avoid
   - close to the brachial artery and the median nerve

2. hand or wrist
   - back or dorsal side
   - acceptable if arm veins are inaccessible
   - anchoring is important

C. Veins and areas to avoid

1. the underside of the wrist (never use veins in this area)
   - close to arteries
   - less supportive tissue
   - nerves and tendons close to skin surface

2. lateral wrist (thumb side)
   - prone to nerve injuries

3. ankle and foot veins
   - only use if arm and hand/wrist veins are unsuitable
   - only use with permission
   - potential complications if use

D. Venous viewpoints

1. if accidentally puncture an artery
   - discontinue the venipuncture and remove needle
- apply pressure
- note arteries feel differently from veins

2. if accidentally puncture a nerve  
   - discontinue the venipuncture and remove needle  
   - repeat at another site  
   - document incident according to facility policy

3. remember that all patients are unique  
   - vein locations vary  
   - don’t be afraid to feel for a vein  
   - feel both arms

4. be aware of the potential for injury associated with each vein
VI. Safe Use of Phlebotomy Equipment

A. Gloves
-phlebotomists are constantly exposed to bloodborne pathogens
-risk minimized by wearing gloves
-gloves are required
-remove and discard after the *entire* venipuncture procedure has been performed
-use properly

B. Needles

1. a little history . . .
-in November, 2000, the Needlestick Safety and Prevention Act became law
-this legislation mandated the Occupational Safety and Health Administration (OSHA) to revise the Bloodborne Pathogens Standard requiring healthcare facilities to use sharps with engineered sharps-injury protection devices
-a commemorative conference held in November, 2010, shared interesting statistical information
-overall needlestick rates continue to decline
-why are there still exposures?

2. risks
-how and when do risks occur when using needles in venipuncture procedures?
   a. removing needle from holder
   b. contacting back end of needle
   c. bending or breaking needle
   d. failure to properly activate safety device
   e. recapping needle
   f. improper needle disposal
   g. other?

3. precautions
-cost and loss of productivity associated with needlestick injuries
-promoting use of safety-engineered devices and initiating training in safe practices is important
   a. never remove needles from holders
   b. do not reuse needle holders
   c. never bend, break, or manipulate needles
   d. do not try to recap needles
   e. use safety devices provided with needles
   f. consider adopting passive and semi-automatic safety devices
g. consider adopting pre-assembled, pre-attached holder
h. use devices with one-handed activation
i. dispose of blood tube holder and needle immediately
j. modify work practices that pose needlestick injury hazards
k. complete training in safe use/disposal of needles

C. Syringes
   - generally best to avoid using because of safety issues
   - if used, activate needle safety device and use a transfer device to fill evacuated tubes

D. Winged infusion set (butterfly)
   - also associated with a high rate of accidental needlesticks, though advantageous in certain situations
   - proper activation of safety devices on needles is critical

E. Capillary blood collection
   - use devices with retractable, safety blades
   - appropriately discard sharps
   - gloves necessary and hands must be washed

VII. Problem Patients and Unusual Patient Situations

A. How should these problem patients or special situations be handled?
   And what are potential risks to the phlebotomist and/or the patient?

1. burns
2. casts or dressings
3. breathing stops
4. convulsions
5. mentally disturbed patients
6. excessive bleeding
7. fainting/needle phobia
8. nausea or vomiting
9. obesity (bariatric patient)
10. tremors
11. arthritis
12. unconscious/unresponsive patient
13. mastectomy
14. agitated/uncooperative patient
15. drug-addicted patient
16. autism spectrum disorders (ASDs)
17. intravenous lines and vascular access devices (IVs and VADs)
18. special requests (fingerstick, certain phleb, certain site)
19. cancer patients
   a. veins often difficult to locate
   b. veins are hard to access
   c. patient hands/fingers may be cold
   d. prolonged bleeding may occur
   e. hands/arms may be swollen

VIII. Communication Quandaries

A. Barriers
   1. language
      -avoid jargon or complex medical terms
      -accommodations may be needed
   2. improper transmission by speaker
      -speak clearly, understandably and loud enough for the patient
   3. disabilities
      -be prepared to write instructions or statements if patient is hearing impaired; sign language interpreter or large-print signs may be needed
      -signs in Braille may be necessary for blind patients
      -ask open ended questions
   4. distracting noises
      -be aware of sources and minimize
   5. age
      -use appropriate vocabulary for patient age
   6. tone of voice
      -should match spoken words
      -be calm and confident

B. Nonverbal communication
   -refers to body language
   -many ways to display positive body language
   1. smile
   2. use eye contact
      -but be aware of cultural differences
3. approach and face patient when ready to speak
4. respect the patient’s comfort zone
   - again, be aware of cultural differences
5. use gentle, soothing touch
6. be aware of negative body language
   a. nervous behaviors
   b. breathing patterns
   c. slouching/shrugging shoulders
   d. rolling eyes/staring blankly
   e. other

C. Develop good listening skills
   - active listening skills can be learned and practiced
   - people mentally process words faster than they can speak them

1. get ready to listen
2. focus on content, not presentation
3. maintain eye contact
4. minimize or resist external distractions
5. encourage speaker through questioning
6. provide feedback/paraphrase
7. practice

D. Special Patient Populations

1. pediatric patients
   a. communication techniques
      1. eye contact
      2. posture
      3. using appropriate level of understanding for age
         - how much parental involvement is necessary?
   b. site selection
      - patient age important
      - heels used for neonates and infants who are less than one year old
      - fingers can be used in children over one year old
-venipunctures can be used when larger blood volumes are needed; if a venipuncture is required or requested on a child younger than one year old, consult with a physician or follow institutional policy

2. geriatric patients
   a. interactive skills
      - treat with consideration of special needs
      - talk at the appropriate level for an adult
      - use a calm and reassuring voice, soft touch and express respect
      - identification is important as these patients may be confused, suffering from dementia or forgetful
      - these patients also often have hearing loss and failing eyesight

   b. special considerations
      - physiological changes occur as people age and can impact blood collection procedures
      1. skin changes
         - loss of elasticity, moisture and supportive tissue
         - decrease in peripheral circulation

      2. muscle changes
         - muscles may become smaller

      3. temperature issues
         - patient may become cold or chilled

IX. Selected Legal Issues

A. Significance
   - helps phlebotomist relate how their actions may make them liable if performed incorrectly and patient injury results
   - liability can be imposed for the lack of a proper standard of patient care

B. Standard of care
   - the measure used to represent the conduct of the average health care worker (phlebotomist) in the community as a whole
   - standards are established by statutes, licensing requirements, rules and regulations of government, regulatory or professional organizations, internal health care facility policies and procedures, professional publications

C. Important terms
1. negligence
   - violation of a duty to exercise reasonable skill and care in performing a task

2. malpractice
   - improper or unskilled care of a patient by any member of the healthcare team or any professional misconduct or unreasonable lack of skill
   - professional negligence

3. confidentiality
   - health professionals must hold secret all information relating to a patient, unless the patient gives consent permitting disclosure

4. patient’s rights
   - in 2003 the Patient’s Bill of Rights revised as the Patient Care Partnership
   - reflects shift in scope toward patient expectations and responsibilities
   - essential components include that the patient is entitled to:
     -- quality health care
     -- a clean health care environment
     -- have a role in their own care
     -- privacy protection
     -- assistance when leaving the hospital or with billing issues
   - adaptation specific to phlebotomy

C. Minimizing risks
   - make a point to:

1. document all required information after the blood collection procedure is complete

2. report (and then document) any adverse incidents that occur

3. follow procedures established for the healthcare facility

4. ensure patient safety

5. use appropriate equipment and use it properly

6. use proper blood collection techniques

7. think before doing and speaking
X. Case Studies

Case 1:
A phlebotomy student is dispatched to collect a prothrombin time (PT) from an outpatient. The patient, though unfamiliar to the phlebotomist, states that she has PTs drawn weekly and that a butterfly needle must be used because she has little veins. The student palpates the vein, but chooses a standard sized, regular needle with a holder. She obtains the specimen without incident. Later that afternoon, the phlebotomist is notified that the PT patient has filed a complaint because the wrong type of needle was used to collect the blood sample.

Did the phlebotomy student use poor judgment?
What communication skill did she forget?

Case 2:
Three phlebotomists from the laboratory go out for happy hour after a particularly busy day. The lounge is crowded and happy hour is in full swing. The phlebotomists discuss their frustration and disillusionment with some of the hospital staff physicians, making comments such as, “I wouldn’t take anyone in my family to him because…” They also discuss the nursing staff and other hospital personnel. The comments are overheard by several prominent community members.

What ethical (and legal) principle has been breached?
What are possible consequences of this incident?

Case 3:
A young phlebotomist is assigned to collect blood samples from the psychiatric ward at the hospital where she works. The usual procedure before entering a patient’s room is to verify with the nursing staff that all patients on the collection list are stable enough to undergo a phlebotomy procedure. The young phlebotomist is told that all patients are fine on this particular day. Therefore, alone, she enters the room of a physically tall and large woman. The woman seems receptive and willingly engages in appropriate identification procedures. However, once the phlebotomist actually punctures the vein for blood collection, the patient unexpectedly jerks her arm away and pushes the young phlebotomist so hard she staggers against a wall.

What is the best course of action for the phlebotomist?
Could this incident have been prevented?
What are appropriate follow-up procedures?

XI. Summary/Conclusion
-What has been learned today
Bibliography and References


