

PHLEBOTOMY

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Policy and Procedures

- Only 2 attempts by a clinician
- Only upper extremity veins
- Avoid wrist area
- Maintain aseptic technique

Policy and Procedures

- Take sharps box out prior to draw
- Use safety features on needles
- Dispose of used sharps in appropriate container- fill container to ¾ full
- Filled container should be disposed of in biohazard box in specified clinical area
- Nurse drawing blood is responsible for following up and documenting results
 - Such as PT/INR or drug levels (vanco trough)

Phlebotomy Procedure

- Perform venipuncture – engage first Tube-ascertain blood flow
- Fill tubes, gently invert tube 5-10 times, when complete remove tourniquet, remove needle, apply pressure
- Activate safety feature
- Check for bleeding, apply dressing or Band-Aid

Order of the Draw

- Blood cultures
- Red stopper
- Light blue
- SST
- Green
- Lavender
- Grey, navy, etc.
- See last page of handout for Tube colors

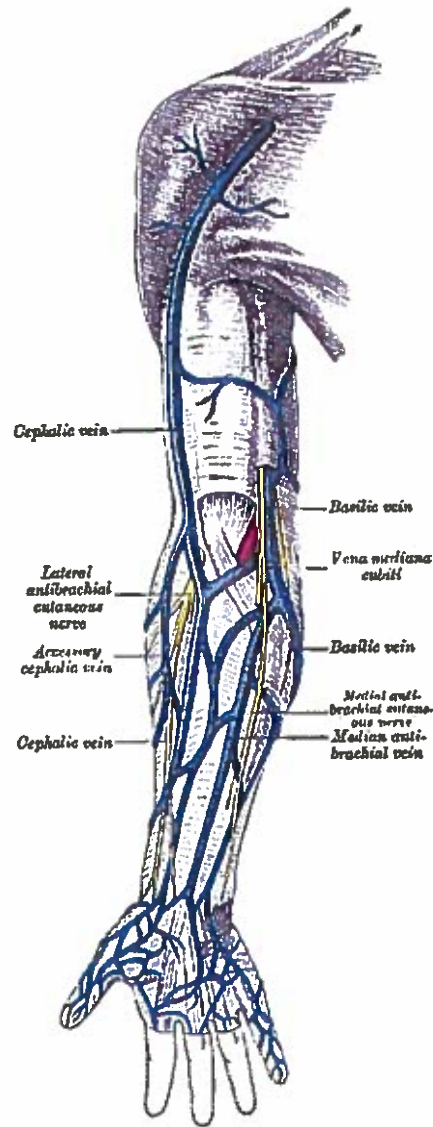
Blood Cultures

- Ordered blood cultures x2 (4 tubes)
- Culture tubes must be picked up at facility you will drop them off at
- Each set is drawn from separate site
- If IV line, draw offline and then one venipuncture

Gray's Anatomy of the Human Body

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CONSIDERATIONS:

1. Patient preparation is important for successful venipuncture, especially with difficult sticks. Taking the time to prepare patient will enhance the outcome. Consider the following:
 - a. Instruct patient to hydrate prior to venipuncture
 - b. If able prior to venipuncture, have patient take a hot bath or shower or apply heat to the area for about 5 - 10 minutes to dilate the veins
 - c. Keep extremities warm prior to venipuncture, e.g., wear a long sleeve sweater, if air conditioner is on
 - d. Place extremity in a dependent position
 - e. Position patient comfortably in bed with arms resting at sides or upright in chair with arm supported on armrest or table
 - f. Assure adequate lighting
2. Determine if patient is allergic to anything that may be placed on the skin, such as latex, iodine or adhesive.
3. Vacutainer method:
 - a. Consists of a double-ended needle, one side with a rubber-tipped needle that screws into a tube holder; blood tubes fit into the holder
 - b. Do not push tube onto needle until vein accessed
4. Needles:
 - a. Needle sizes are 21 - 23 Gauge. Needles less than 23 G are likely to cause hemolysis
 - b. If a winged set is used, the first tube is discarded. This prevents air in tubing from decreasing amount of blood in tube
5. Venipuncture site preparation:
 - a. Inspect the antecubital fossa and forearm for a vein that is visible and straight. Usually, best vein is the median cubital vein. Other appropriate veins are the median and cephalic veins, extending into the forearm. Metacarpal veins in hands can be used
 - b. Apply tourniquet 3 - 4 inches above the venipuncture site and have patient make a fist several times to dilate the vein
 - c. Palpate the vein before cleansing. Do not palpate the site after cleansing with alcohol swab
 - d. Tourniquet should not occlude the vein more than two minutes to prevent hemostasis. May need to loosen tourniquet and reapply if delay in drawing blood
6. Blood tubes:
 - a. Blood tubes for different tests have different preservatives within; the tubes are color-coded
 - b. When drawing blood for multiple tubes, collection must be done in color order:
 - i. Yellow (blood culture)
 - ii. Light blue (coagulation)

- iii. Red (clot activator)
 - iv. Tiger-Top (serum separator)
 - v. Dark Green (sodium heparin)
 - vi. Light green (lithium heparin)
 - vii. Lavender (EDTA)
 - viii. Pale yellow (acid citrate)
 - ix. Gray (oxalate/fluoride)
- c. Have at least two tubes of each kind that you will need, in case a tube's vacuum is broken
 - d. Check blood tube expiration dates
 - e. Blood tubes need to be gently inverted 5 - 10 times to mix the preservative with the blood. Do not shake
7. If not able to access vein after two attempts, alert supervisor or physician for alternate plan.

EQUIPMENT:

- Gloves
- Tourniquet
- Alcohol wipes
- Povidine/alcohol wipes (for blood cultures)
- Blood tubes, color-coded for ordered tests
- Double-ended needle
- Vacutainer tube holder
- 2 x 2 gauze sponge
- Self-adhesive bandage
- Tape
- Puncture-proof sharps container
- Biohazard specimen bag
- Biohazard transportation bag
- Impervious trash bag

PROCEDURE:

1. Adhere to Standard Precautions (gloves needed) and explain the procedure and purpose to the patient/caregiver.
2. Assemble the equipment on a clean surface close to the patient. Assure sharps container at hand:
 - a. Screw double-ended needle into tube holder
 - b. Slip first tube into holder but do not puncture tube
3. Place patient in comfortable position, with arms supported and extended.
4. Place a paper towel under the patient's arm.
5. Assess arm for venipuncture site.
6. Apply tourniquet above selected puncture site.
7. Cleanse site with alcohol swab for 30 seconds using a circular motion. Allow to air dry.
8. Anchor vein by holding skin taut 1 inch below puncture site.
9. Remove needle cover and insert needle into vein at 15° - 30° angle with bevel facing up

PATIENT NAME Last, First (Mandatory) _____ F M

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DOB (Mandatory) _____ SS# _____

PHONE () _____ SVC DATE _____

PHYSICIAN SIGNATURE (Mandatory) _____ ORDERING DR NAME (Please print) _____ SEND COPY TO: _____

SPECIMEN
 Cath Urine
 Clean Catch Urine
 Random Urine
 CSF
 Synovial Fld
 Other _____

Date / Time: _____ / _____ Stat Routine

DIAGNOSIS: *Outpatient Requisition*
G = Green-Yellow or Tiger.
R = Red
Tiger = Tiger or Spk = Speckled
Blk = Black.
lav = lavender, purple.
B = Blue

TEST CODE	PANEL	TEST CODE	TEST	TEST CODE	TEST	TEST CODE	TEST
CMP	G Comprehensive Metabolic	IHP	R B-HCG, Quant., Serum	IGMSM	R IgM	TS LAV	Type and Screen
BMP	G Basic Metabolic	DBIL	G Bilirubin Direct	RINS	Influenza A/B	URIC	G Uric Acid
LIV	G Hepatic Function	TBIL	G Bilirubin Total	FE	G Iron	UMCA	Urinalysis Automated/Microscopic*
REN	G Renal Function	BT	Bleeding Time	IR	G Iron Binding Capacity (TIBC)	CES	Urine Citrate 24 hr.
EBLK	G Electrolyte	BLDC	Blood Culture, Routine <i>✓ Hosp</i>	LDH	G LDH, Total	UCR	Urine Creatinine 24 hr.
	Sodium	ABOR	Blood Typing, ABO&RH	LDLC	G LDL Cholesterol Direct	UHCG	Urine Pregnancy
	Potassium	BUN	G BUN	LEDWM	Lead LAV	UCA	Urine Calcium 24 hr.
	Chloride	CDTA	C. Difficile Toxin (onrice)	LHBS	Luteinizing Hormone	UCCL	Urine Creat. Clear. 24hr.
	CO2	C3M	R C3 Complement	LIPA	G Lipase	URIC	Urine Culture & Sens*
	BUN	C4M	R C4 Complement	LIT	R Lithium	UMAG	Urine Magnesium 24 hr.
	Glucose	CA	G Calcium, Total	LYMG	R Lyme IgM & IgG*	UMA	Urine Microalbumin 24 hr.
	Creatinine	CA28	R Cancer Antigen 125	MB	G CPK-MB	MARU	Urine Microalbumin, Random
	Calcium	CA29	R Cancer Antigen 19-9	MG	G Magnesium	UPO4	Urine Phosphorous 24 hr.
	Total Protein	CA27	R Cancer Antigen 27.29	MSLS	R Measles Immunity (IgG)	UPRO	Urine Protein, 24 hr. Urine
	Albumin	CARZ	Carbamazepine	MSPT	R Monospot Test*	OXALM	Urine Oxalate 24 hr.
	Bilirubin, Total	CD4TM	CD4/CD8, Helper/Sup <i>LAV Yellow</i>	MUMPS	R Mumps IgG	UUN	Urine Urea Nitrogen 24 hr.
	Bilirubin, Direct	CEA	R CEA <i>Spk</i>	OBBL	Ocalt Blood (Single)	VMAM	Urine VMA 24 hr. Urine
	ALK Phos	CTGCM	Chlamydia Probe ocular	OBSD	Ocalt Blood (Serial)	VALA	G Valproic Acid
	AST/SGOT	CGPR	Chlamydia/CC genital for urine	PSCR	Crypto Giardia Screen	VCOP	R Vanco Peak
	ALT/SGPT	CHOL	G Cholesterol	PHEN	G Phenobarbital	VCOT	R Vanco Trough
	Phosphorus	CBC	R CBC w/Auto Diff*	PHOS	G Phosphorus	VCOR	R Vanco Random
LIPID	G Lipid Panel (Fasting: 12hr)	CORB	R Cortisol (Serum)	PLT	G Platelet Count	VZAB	R Varicella Zoster Virus IgG
	Chol. Trig. HDL. LDL CALC	CPK	G CPK Total	P	G Potassium	VID25	R Vitamin D, 25-OH
OBSP	Obstetric Panel	CRPB	G C-Reactive Protein	PROG	G Progesterone <i>Spk</i>	WET	Wet Prep
2 LAV	2 Rubella, Type and Screen	CRE	G Creatinine w/eGFR	PRLB	G Prolactin <i>Spk</i>		
AMPT	Acute Hepatitis Panel	CFMPM	Cystic Fibrosis <i>Yellow ACD</i>	PRSA	R Prost. Spec. Antigen (Diag)*	WBC	LAV White Cell Count
3 Red	Hepatitis A antibody, IgM	DDM	B D-Dimer Quant.	ELPSM	R Protein Electrophoresis	OTHER	
Taps	Hepatitis B core Ab, IgM	DIG	G Digoxin	TP	R Protein, Total		
	Hepatitis B surface antigen	DIL	G Dilantin	PFN	R PSA Free + Total		
	Hepatitis C antibody	ESTB	Estradiol <i>Spk</i>	PT	B PT (Prothrombin Time) (INR)		
DSU7	Drug Screen - 7 Urine	FERR	R Ferritin <i>Spk</i>	PTT	B PTT (Partial Thromb. Time)		
DSU9	Drug Screen - 9 Urine	FIBR	B Fibrinogen	SYN	R Syph IgG Ab		
AMPT	Amphetamine	FOL	Folate <i>Spk</i>	RET	R Reticulocyte Profile		
BARB	Barbiturates	FSHB	FSH <i>Spk</i>	RAF	G Rheumatoid Factor		
BENZ	Benzodiazepine	G6PDM	G6PD <i>LAV</i>	RHWK	R Rhogam workup <i>LAV</i>		
CANB	Cannabinoids	GENC	G Genital Culture	RSV	RSV Antigen		
COCU	Cocaine	GGT	G GGT	RBLL	R Rubella Immunity (IgG)		
MDNE	Methadone	GLU	G Glucose, Fasting	ESR	R Sedimentation Rate		
OPAT	Opiates	GLUR	G Glucose, Random	FER	Semen Analysis		
PHCY	Phencyclidine	GLUT	G Glucose, Tolerance Hr	SEPV	Semen Post Vasectomy		
PROX	Propoxyphene	HDL	G HDL Cholesterol	SIC	LAV Sickle Cell Screen		
	TEST	HCT	LAV Hematocrit	NA	G Sodium		
AFP	R AFP-Quad Screen	HGB	LAV Hemoglobin	FECE	Stool Culture		
AFP	R AFP Tumor Marker	HGBA	LAV Hemoglobin A1C	TBCFM	T and B Cells <i>LAV + Yellow ACD</i>		
ALB	R Albumin	HPARM	R Hepatitis A Total Ab.	FT3	R T3 Free		
ALCO	G Alcohol (Serum)	HBCA	R Hepatitis B Core Ab	T3	R T3 Total		
ETHU	G Alcohol (Urine)	HSAB	R Hepatitis B Surface Ab	T3U	G T3 Uptake		
ALPK	G Alkaline Phosphatase	HBSG	R Hepatitis B Surface Ag*	T4	G T4 Total		
ALT	G ALT (SGPT)	HCA	R Hepatitis C Ab	TACRM	R Tacrolimus		Fluid Analysis
NH3	G Ammonia	HS12	R Herpes Simplex Virus 1&2 IgG	TTES	R Testosterone (total)	CSFI	Cell Count, DIFF
AMYL	G Amylase	HS12	R Herpes Simplex Virus 1&2 IgM	TTTPM	R Testosterone, Free & Total Adult	CCL	CSF, Chloride
ANUA	R Anti-Nuclear Antibody* over	HIV	R HIV-1 RNA Ultraquant	THEO	G Theophylline, Random	CGL	CSF, Glucose
IDAT	LAV Antibody Screen <i>LAV</i>	HLAM	R HLA B-27	THRC	Throat Culture	CTP	CSF, Total protein
ASO	R ASO*	HOMC	LAV Homocysteine	TSH	R TSH		Synovial Fluid
AST	G AST (SGOT)	HYPB	R H. Pylori IgG Abs	THY	G Thyroxine Free (T4 Free)	SNFL	Cell Count, DIFF, Crystals
BNAP	R B type Natriuretic Peptide	HIV2	R Human Immunodef. Virus*	TTRAM	R Tissue Transglutaminase IgA	SCRY	Synovial Crystals, Body Fluids
B12	R B12	IgA	R IgA	TTPGM	R Tissue Transglutaminase IgG	BF1	Cell Count, DIFF
BHCG	R B-HCG Qual., Serum	IgM	R IgM	TRNG	G Transferrin	BFCC	Body Fluid Cell CT only
		TRIG	R Triglyceride				



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CCC HOME HEALTH UNA
360 HERRINACK ST 4TH FLOOR
LAURENCE, MA 01843
978-552-4000

- BILL TO:**
- MY ACCOUNT
 - PATIENT
 - MEDICARE
 - RAILROAD MEDICARE
 - MEDICAID
 - Lab Card/Select
 - OTHER INSURANCE

PRINT PATIENT NAME (LAST, FIRST, MIDDLE) _____

REGISTRATION # (IF APPLICABLE) _____ DATE OF BIRTH: M M D D YEAR _____ ST _____

PATIENT SOCIAL SECURITY # _____ OFFICE / PATIENT ID # _____

ROOM # _____ LAB REFERENCE # _____ PATIENT PHONE # _____

PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT _____

PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. # KEY # _____

CITY _____ STATE _____ ZIP _____

DID YOU KNOW

Patient Service Center location and appointment scheduling information is on the back.

Each sample should be labeled with at least two patient identifiers at time of collection.

TIME COLLECTED: _____ TIME: _____ AM _____ PM _____ TOTAL VOL/HRS. _____ ML _____ HR _____

Fasting Non Fasting

PHYSICIAN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYOR(S) (MUST BE INDICATED)

PHYSICIAN NAME _____ ID.# _____

INSURANCE

Insurance Company Name _____ Insurance Member /ID # _____ Group # _____ Insurance Address _____ Medicare/Medicaid # _____

Secondary Insurance Medicare Medicaid Other

Insurance Company Name _____ Insurance Member /ID # _____ Group # _____ Insurance Address _____ Medicare/Medicaid # _____

Primary Insurance Medicare Medicaid Other

Patient Is: Subscriber Spouse Other Depend

Insurance Company Name _____ Insurance Member /ID # _____ Group # _____ Insurance Address _____ Medicare/Medicaid # _____

Secondary Insurance Medicare Medicaid Other

Insurance Company Name _____ Insurance Member /ID # _____ Group # _____ Insurance Address _____ Medicare/Medicaid # _____

Patient Is: Subscriber Spouse Other Depend

PHYSICIAN NAME _____ ID.# _____

fax Results to: () _____

Client # OR NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

Medicare Limited Coverage Tests

Ⓜ = May not be covered for the reported diagnosis.
 Ⓡ = Has prescribed frequency rules for coverage.
 Ⓢ = A test or service performed with research/experimental kit.
 ⓑ = Has both diagnosis and frequency-related coverage limitations.

Provide signed ABN when necessary

ICD Codes (enter all that apply)

ANEL COMPONENTS ON BACK

ORGAN / DISEASE PANELS

- 34392 Electrolyte Panel S
- 10256 Hepatic Function Panel S
- 10165 Basic Metabolic Panel w/eGFR S
- 10231 Comp Metabolic Panel w/eGFR S
- 7600 Lipid Panel (Fasting Specimen) S
- 14852 Lipid Panel w/Reflex d-LDL S
- 20210 Obstetric Panel w/Reflex Y,L,S
- 10306 Hepatitis Panel, Acute w/Reflex S
- 10314 Renal Functional Panel w/eGFR S

- HEMATOLOGY**
- Ⓜ 510 Hemoglobin L
 - Ⓜ 509 Hematocrit L
 - Ⓜ 1759 CBC (Hgb, Hct, RBC, WBC, Plt) L
 - Ⓜ 6399 CBC w/Diff (Hgb, Hct, RBC, WBC, Plt, Diff) L
 - Ⓜ 8847 PT with INR B
 - Ⓜ 763 PTT, Activated B

- OTHER TESTS**
- 7788 ABO Group & Rh Type Y
 - Ⓜ 237 AFP Tumor Marker S
 - 223 Albumin S
 - 234 Alkaline Phosphatase S
 - 823 ALT S
 - 243 Amylase S
 - 249 ANA w/Reflex Titer S
 - 795 Antibody Scr, RBC w/Reflex ID Y
 - 822 AST S
 - 285 Bilirubin, Direct S
 - 287 Bilirubin, Total S

- 4420 C-Reactive Protein CRP S
- Ⓜ 29493 CA 2729 S
- Ⓜ 29256 CA 125 S
- 303 Calcium S
- 10124 Cardio CRP S
- 11173 CCP Ab IgG S
- Ⓜ 978 CEA S
- Ⓜ 334 Cholesterol, Total S
- 374 CK, Total S
- 375 Creatinine w/eGFR S
- 402 DHEA Sulfate, Immunoassay S
- Ⓜ 8293 Direct LDL S
- 4021 Estradiol S
- Ⓜ 457 Ferritin S
- 466 Folic Acid S
- 470 FSH S
- Ⓜ 482 GGT S
- Ⓜ 8477 Glucose, Gest. Scr. GY
- Ⓜ 484 Glucose, Plasma GY
- Ⓜ 483 Glucose, Serum S
- 14839 H. pylori Urea Breath Test HB
- 8435 hCG, Serum, Qual S
- Ⓜ 8396 hCG, Serum, Quant S
- Ⓜ 496 Hemoglobin A1c L
- Ⓜ 16802 Hemoglobin A1c w/eAg L
- 499 Hep B Surface Ab Qual S
- 498 Hep B Surface Ag w/Reflex Confirm S
- 8472 Hep C Virus Ab S
- Ⓜ 19728 HIV-1/HIV-2 Scr w/Reflexes S
- 31789 Homocysteine, Cardiovascular S
- 561 Insulin S
- 549 Immunofixation (IFE) S
- Ⓜ 7573 Iron (Total, IBC, % Sat) S

- Ⓜ 571 Iron, Total S
- 593 LDH S
- 599 Lead (B) TN
- 615 LH S
- 606 Lipase S
- 6646 Lyme Ab-WB w/ Reflex Confirm IgG & IgM S
- 622 Magnesium S
- 6517 Microalbumin, Random Urine w/Creat S
- Fecal Globin, Feces - FIT, InSure*
- Ⓜ 11290 DX F
- 11293 MCR Scr F
- 718 Phosphorus S
- 733 Potassium S
- 745 Progesterone S
- 746 Prolactin S
- Ⓜ 5363 PSA, Total S
- 793 Reticulocyte Count, Automated L
- 4418 Rheumatoid Factor S
- 799 RPR (Monitoring) w/Reflex Titer S
- 36126 RPR (DX) w/Reflex Confirm S
- 802 Rubella IgG S
- 809 Sed Rate By Mod West L
- 15983 Testosterone, Total, LC/MS/MS SR
- 873 Testosterone, Total, Male SR
- 5081 Thyroid Peroxidase Antibodies (TPO) S
- Ⓜ 896 Triglycerides S
- Ⓜ 899 TSH S
- Ⓜ 36127 TSH w/Reflex T-4, Free S
- 34429 T-3, Free S
- 859 T-3, Total S
- Ⓜ 861 T-3 Uptake S
- Ⓜ 867 T-4 (Thyroxine), Total S
- Ⓜ 866 T-4 (Thyroxine), Free S

- 6448 UA, Dipstick Only
- 7909 UA, Dipstick w/Reflex Microscopic
- 5463 UA, Complete (Dipstick & Microscopic)
- 3020 UA, Complete, w/Reflex Culture
- 294 Urea Nitrogen (BUN)
- 905 Uric Acid
- 916 Valproic Acid
- 4439 Varicella-Zoster Virus Ab (IgG)
- 7065 Vitamin B12/Folic Acid
- 927 Vitamin B12
- Ⓜ 17306 Vitamin D (Quest Assure) 25-OH D2, D3, LC/MS/MS

- MICROBIOLOGY**
- Source (Required):
- 4550 Culture, Aerobic Bacteria*
 - 4446 Culture, Aerobic & Anaerobic*
 - 4485 Culture, Group A Strep*
 - 5617 Culture, Group B Strep*
 - 4558 Culture, Genital*
 - 394 Culture, Throat*
 - Ⓜ 395 Culture, Urine, Routine* (Inc. Indwelling C)

- Amplified Specimen Type (please check on)**
- Endocervical Urethral Urine
- 11363 Chlamydia & N. gonorrhoeae RNA, TV
- Stool Pathogens** (Campy, Salm/Shiga!)
- 10108 Culture, Stool, Shiga toxins w/Reflex
 - 34838 H. pylori Ag, EIA Stool
 - 681 O & P w/Permanent Stain
- * Additional charge for ID and Susceptibility

ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ORDER CODE) Reflex tests are performed at an additional charge.

REMARKS, CLINICAL INFORMATION: _____

Physician Signature (Required for PA, NY, NJ & WV) _____

TOTAL TESTS ORDERED _____

For any patient of any payor (including Medicare and Medicaid) who is not a Quest Diagnostics member, a separate bill will be generated.

QCALG2

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