



Better Access

Blood Sample Taking Standard Operating Procedure

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Purpose

This SOP describes the standard procedure for collecting blood samples (venepuncture).

It is to ensure an appropriate, safe and reliable blood taking service is provided for patients with the purpose of obtaining routine blood samples from patients, as requested by authorised persons in the Heartbeat Alliance PCN from other NHS Hospitals for the assessment, diagnosis, treatment and monitoring of a patient's health status.

To support the production of high-quality results through correct patient identification, collecting specimens in correct manner from a suitable site, at a pertinent time into the right specimen container.

All practitioners have a professional accountability to attend training and attain competence before carrying out the skills.

Scope

Venepuncture describes the procedure of entering a vein with a needle to obtain a sample of the circulating blood for haematological, biochemical or bacteriological laboratory testing.

Venepuncture is classified as an invasive procedure, and carries significant risk to both

patients and staff. It is essential therefore that health and safety, and infection control precautions, are applied rigorously whenever these procedures are undertaken.

Procedure

- The patient is called in by the Nurse / HCA, follow Nursing Appointments SOP.
- Print ICE request from the patient's notes.
- Explain the procedure that is to be carried out and obtain verbal consent.
- Wash hands, follow Hand Hygiene SOP.
- Assemble specific equipment required, checking packaging and expiry dates: 21g and 22g needles, Vacuette needle holder, blood sample bottles, cotton wool balls or gauze, bag for sample transportation, micropore tape / sterile adhesive dressing, tourniquet (single use), tray, gloves.
- Determine the most appropriate site for the procedure based on previous patient experience and medical history.
- Position the patient comfortably; support the arm with a pillow in a plastic case if required.
- Wear a disposable apron & face mask if appropriate.
- Apply tourniquet. Pull it tight enough to trap venous blood without cutting off the arterial flow. A pulse should be palpable below it. Select vein. Ask the patient to assist by straightening their arm and clenching their hand into a fist. Patients must avoid a hand pumping action and hard 'tapping' of the veins is discouraged. Determine a suitable vein by palpation. Place your index finger over the vein and press lightly, then release the pressure to assess the vein's elasticity and rebound.
- Clean hands, apply non sterile gloves.

- Anchor the position of the vein and carefully insert the needle, bevelled-side uppermost quickly and smoothly at an angle of 15-30 degrees, into the chosen vein. Level off the needle as soon as a flashback of blood is seen or when the puncture of the vein wall is felt. Throughout the procedure anchor the needle by holding the base between thumb and finger. If the tube fails to fill and the needle is in the vein, move the needle slightly forwards or backwards, by approximately 1mm. If the tube starts to flow but then stops, adjust the needle and syringe position this adjustment will usually increase the blood flow. Terminate the venepuncture if a haematoma develops and press hard with a gauze swab for a minimum of 60 seconds before checking the site.
- Undertake procedure of venepuncture. Order of Draw is: Blood Culture, followed by plain or serum, followed by coagulation tests, followed by additive syringes e.g. EDTA, lithium, heparin.
- Release the tourniquet.
- Pick up a piece of cotton wool ball or gauze and place over puncture site.
- Remove the needle and discard in sharps container.
- Apply pressure. Ask the patient to relax their hand and apply firm pressure to the site for at least 60 seconds whilst keeping their arm straight. This will avoid haematoma formation and help seal the vein wall. If the patient is on anticoagulant/Warfarin therapy pressure may need to be maintained for longer.
- Remove gloves, wash hands.
- Ensure patient comfortable, label sample bottles using ICE labels, put samples in a bag, and document procedure.
- Inspect puncture point, apply a suitable sterile dressing using 'no-touch' technique. Advise to keep plaster on for 24 hours.
- Wash hands.
- Advise patient to telephone their GP surgery for results.
- When the patient has left the room clean the work area including pillow with a Clinell universal sanitising wipe, and re-stock as appropriate.
- All samples should be dispatched to the laboratory as soon as possible after collection to ensure best turnaround times and most accurate results. Leave samples at the collection point in reception in a grey sealable collection bag.

Exposure to Bio-Hazardous Material

All human blood samples must be treated as potentially BIO-HAZARDOUS.

- If skin has been punctured encourage bleeding by gently squeezing. Wash with soap

and running warm water then dry and dress the wound. See Needlestick Injury SOP

- Splashes to the eyes: irrigate eyes thoroughly with eye wash / saline
- Splashes to the mouth: gargle with drinking water (avoid swallowing)

Review procedure

This procedure will be reviewed every two years or sooner if any of the following:

- Changes in the national guidance
- Change of staff
- Any adverse incident