

Venipuncture Checkoff

Phlebotomy students will be observed by an authorized experienced clinical instructor. Each item on the checklist must be performed for each venipuncture. After observation, the clinical instructor will sign name and date. Put "NA" for items not performed at your site. A phlebotomy student is considered capable of venipuncture after completing five (5) successful, observed venipunctures and submitting copies of the completed checklist to the phlebotomy instructor.

Name of Phlebotomy Student: _____

TASK	Draw #:	#1	#2	#3	#4	#5
	Room #:					
1. If the patient is hospitalized, knock gently on patient door. Check for any isolation notices and follow instructions accordingly if present.						
2. Identify self and purpose of visit.						
3. Ask patient his/her name. Verify name and patient number by checking ID band or other form(s) of ID. <i>(This is the most important step in the collection procedure.)</i>						
4. If outpatient call name and verify identity according to clinic protocol.						
5. Review request form(s). Gather appropriate supplies for test(s) ordered.						
6. Check for diet restrictions. (If the test requires a fasting specimen, be sure patient is fasting.)						
7. Wash hands.						
8. Put on gloves.						
9. Position the patient.						
10. Position equipment in appropriate place close to patient. Verify that necessary tubes are present. Apply needle to vacutainer holder or syringe.						
11. Select site for venipuncture (NOT ABOVE IV INFUSION) and apply tourniquet.						
12. Palpate for vein. (NEVER LEAVE THE TOURNIQUET ON FOR LONGER THAN 1 MINUTE .)						
13. Release tourniquet.						
14. Clean venipuncture site with an alcohol pad and allow to air dry.						
15. Assemble equipment.						
16. Reapply tourniquet and have patient clench fist. DO NOT HAVE PATIENT PUMP HAND.						
17. Grasp patient's arm approximately 1-2 inches below the venipuncture site and anchor vein between thumb and index finger. It is okay to just use the thumb.						
18. Puncture the vein (needle bevel up) at approximately 15° angle to the patient's arm and in a direct line with the vein.						

19. Do not switch hands more than once.					
20. If using vacutainer holder, fill tubes in correct order of draw.					
21. Mix tubes immediately but gently.					
22. Have patient open hand.					
23. Release tourniquet.					
24. Place a square of gauze or cotton over the puncture site, quickly remove the needle and IMMEDIATELY activate needle safety device.					
25. Apply pressure immediately until the bleeding has stopped.					
26. If a syringe was used, remove needle and attach blood transfer device, fill tube(s) in proper order allowing the vacuum to fill the tubes. Mix gently. NOTE: NEVER insert needle into tubes held in your hand. If safety transfer device NOT available place tubes in rack. NEVER apply pressure to syringe, blood will automatically be pulled into tube by the vacuum.					
27. Apply a bandage when bleeding stops. DO NOT BANDAGE A PUNCTURE SITE THAT IS STILL BLEEDING.					
28. Correctly label tubes with appropriate information at the bedside.					
29. Discard used equipment properly.					
30. For inpatient replace bed rail to a raised position.					
31. Thank patient.					
32. Remove gloves and wash hands if gloves were contaminated.					

Signature

Date

1st draw supervised by: _____

2nd draw supervised by: _____

3rd draw supervised by: _____

4th draw supervised by: _____

5th draw supervised by: _____