

**SALEM HOSPITAL
SALEM, OREGON 97309**

Department: Phlebotomy	TITLE: CAPILLARY PROCEDURES/ FINGERSTICK
Area:	Effective Date: 12/13/88
Authored By: Cindy Humphrey, Diane Duncan	Revised: 10/31/00, 10/10/03
Policy #: B3	
Attachments:	Date removed from service:

PURPOSE:

To obtain a blood sample from a patient when a venipuncture site is not available and the sample to be obtained is not large enough to require a venipuncture.

PREPARATION:

1. Gather all requests for the lab work and determine the type and quantity of specimen required for the tests requested. Consult the minimum volume list and follow the guidelines. The volumes listed are the bare minimums and must be met in order for the requested tests to be performed.
2. Positively identify the patient by comparing the information of the request slip Or label to the patient's armband. (Ref. Positive patient identification policy 2.25).
3. Choose the site for the puncture. Capillary blood may be obtained from the lateral or medial side of the distal end of the second or third finger. It is best to use the side of the finger as opposed to the tip because the side has fewer nerve endings.
4. The puncture site must not be edematous, as accumulated tissue fluid will contaminate the blood specimen. Do not puncture through previous sites, This will increase the risk of infection.
5. The hand may be warmed for 3-5 minutes at a temperature no higher than 42 C. (See Capillary Warming Procedure.) Do not warm longer than 5 minutes as the blood will begin to equilibrate within the tissues again and the flow will no longer be enhanced. When warming the hand with a cloth always test the temperature of the cloth on your forearm or wrist before placing it on the patient.

PROCEDURE:

1. Gloves must be worn with each capillary puncture.
2. Cleanse the area with a sterile 70%. Isopropyl alcohol prep.

3. After cleansing with the alcohol, completely dry the site with a sterile gauze pad before the skin is punctured, as alcohol will cause rapid hemolysis. Betadine should not be used to clean the skin puncture site, as betadine may falsely elevate levels of potassium, phosphorous, or uric acid.
4. Hold the Tenderlett firmly with the thumb and middle finger. Place it squarely and firmly against the finger. The Tenderlett should be held perpendicular to the fingerprint lines on the finger.
5. While continuing to hold it in place, trigger the Tenderlett by pushing the top button. Continue to hold in place and release the trigger. Then discard the Tenderlett in the biohazard container.
6. Wipe away the first drop of blood with a sterile gauze pad. The first drop is likely to be contaminated with tissue fluid.
7. Allow the drop of blood to form at the puncture site. Let the blood flow into the collection tube by capillary action. Touch the tip of the tube or collection device to the drop of blood and do not “scoop” the blood from the skin. Blood flow is enhanced if the puncture site is held downward and gentle continuous pressure is applied to the surrounding tissue.
8. Use only gentle massage when obtaining blood. Excessive massaging (milking) dilutes the blood with tissue fluids and may also cause hemolysis.
9. Puncture the finger a maximum of two times to obtain the volume of blood required. If it is necessary to puncture a second time, use a new Tenderlett and a new site. If you are unable to obtain the specimen, notify the nurse and ask another phlebotomist to draw.
10. Once the blood has been obtained, hold a clean gauze pad over the puncture site until the bleeding stops. Cover the puncture site with a spot Band-Aid.

NOTES:

Do not use Tenderfoot lancets for finger sticks.

Visually check the EDTA microsample collection tube before it is used to verify the presence of EDTA. You should be able to see small white dots of EDTA evenly dispersed around the lower third of the tube. If the EDTA looks unevenly dispersed or is absent, do not use the tube.

LIMITATIONS OF PROCEDURE:**SOURCES OF SAMPLE ERROR:**

1. Clotted Sample: Caused by inadequate mixing of the specimen with anticoagulant after collection.
2. Wrong tube type drawn.
3. Hemolyzed sample

REFERENCE:

National committee for Clinical Laboratory Standards, 1998.
 International Technidyne: See Package insert
 Becton-Dickenson: See Package insert

Distribution of Procedure:

Com

DOS

Keizer outpatient lab

Phlebotomy Department

869 Medical Center Drive

Outpatient/Donor Room

Urgent Care

PROCEDURE ACCEPTANCE AND REVIEW	
VALIDATED BY:	DATE:
SECTION SUPERVISOR:	DATE:
ADMIN. DIRECTOR:	DATE:
PATHOLOGIST:	DATE:
Reviewed Annually By:	DATE:
	DATE:
	DATE:
	DATE: