

**SALEM HOSPITAL  
SALEM, OREGON 97309**

<b>Department: Phlebotomy</b>	<b>TITLE: POST PHLEBOTOMY CARE</b>
Area:	Effective Date: 01/08/91
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Attachments:	Date removed from service:

**PRINCIPLE:**

Good post phlebotomy care includes care of the venipuncture site to preserve the integrity of the blood vessels and prevent bruising or injury to the patient. It also includes care of the site if a bruise or injury should occur.

A patient may adversely react to having their blood drawn. The phlebotomist should be prepared to attend to the patient in this situation until help arrives.

**PROCEDURE:**

Venipuncture:

1. Before performing the venipuncture, all supplies should be placed within easy reach.
2. Sterile 2X2 gauze is used as a dressing. Fold the gauze in half and then in half again so it will put pressure on the site when it is taped.
3. The tourniquet must be released within 1 minute because it becomes uncomfortable and could cause hemoconcentration.
4. On any blood sample drawn the phlebotomist are aloud **only two** sticks to obtain the sample.
5. Once the needle is removed, apply mild pressure to the site using the sterile 2X2 gauze.
6. When the bleeding has stopped completely, apply tape tightly over the gauze. Make sure the tape is long enough and secure enough to hold the bandage even when the arm is bent.
7. When the patient is on anticoagulant therapy, use two gauze squares and instruct the patient to leave the bandage on for 30 minutes.

**Arterial:**

1. Before drawing the patient, have all supplies within easy reach.
2. If the draw is on an inpatient, ask a nurse if they are available to hold the site after the draw. If not hold the site yourself.
3. A sterile 2x2 gauze is used as a dressing. Fold the gauze in half and then in half again.
4. Once the needle is removed, apply firm pressure to the site using the sterile 2x2 gauze.
5. The nurse or yourself will hold the site for a full five minutes.
6. The bleeding must be completely stopped before removing the pressure. The site should be rechecked after a few minutes.

**Capillary Punctures:**

1. Before performing the capillary puncture, have all supplies should be placed with in easy reach.
2. After the collection of all specimens, hold firm pressure with the sterile 2X2 directly on the site. After bleeding has completely stopped, apply a Band-Aid over the site.

**REACTION:**

When a patient on one of the nursing floors has a reaction, call for help from the nurse immediately. Use the call light in the room or ask someone in the immediate area. If no nurse is available, attend to the patient until the nurse arrives.

If a patient has a reaction elsewhere in the hospital and nursing care is not immediately available, attend to the patient and if necessary contact the Emergency Department.

In the laboratory when a patient has a reaction, take care that the patient is secure in the chair and does not fall out. The moveable arm on the chair can lend support if the patient becomes faint. Push the laboratory alarm in any of outpatient drawing stations, located on the wall if other assistance is needed. If necessary contact the Emergency Department.

**Syncope:**

1. Syncope (fainting or vasovagal syndrome) symptoms may include weakness, sweating, dizziness, pallor, and loss of consciousness,

convulsions and involuntary passage of feces or urine. The skin feels cold and there is a fall in blood pressure. The pulse rate often falls significantly.

2. At the first sign of reaction during the phlebotomy, remove the tourniquet and withdraw the needle from the arm. Call for help.

#### Fainting:

1. Place the patient on his/her back and raise the feet above the level of the head.
2. Loosen tight clothing.
3. Be sure the patient has an adequate airway.
4. Administer ammonia capsule if needed located in every outpatient draw stations. Test the ammonia on yourself, before passing it under the patient's nose, as it may be too strong or too weak. Strong ammonia may injure the nasal membranes; weak ammonia is not effective. The patient should respond by coughing, which rapidly elevates the blood pressure.
5. Apply cold compresses to the patient's forehead or the back of the neck if this seems desirable.

#### Nausea and vomiting:

1. Make the patient as comfortable as possible.
2. Instruct the patient to breathe slowly and deeply if he/she is only nauseated.
3. Apply cold compresses to the patient's forehead.
4. Provide a suitable receptacle if the patient vomits, and have tissues or a damp towel ready. Do not leave a patient in a head down position because of the danger of aspiration.
5. Give the patient a paper cup of water to rinse out his/her mouth.

#### Hematoma:

1. Remove the tourniquet and the needle from the patient's arm.
2. Place three or four -sterile gauze squares over the hematoma and apply firm pressure for seven to ten minutes with the patient arm held above the heart level.

3. Ice packs should be put on the site for a half-hour at a time for up to 3 hours. If the patient is an in-patient, let the nurse know the patient has a hematoma and needs ice packs. Ice packs should be used on the site before the outpatient goes home and the patient should be instructed how to care for the hematoma before leaving the laboratory.
  - a. If it grows in size or becomes painful, they should seek medical assistance.
  - b. Inform the patient it will discolor and may remain about one week.
  - c. Warm compresses may help the healing process.

#### Skin Tearing:

1. Notify the patients nurse so they can apply the correct dressing needed.

#### Convulsions:

1. Call someone to help you immediately. Prevent the patient from injuring him/herself. During severe seizures, some people exhibit great muscular powers and are difficult to restrain. Try to control movements enough to prevent injury to the patient or you.
2. Be sure the patient has an adequate airway.
3. If the patient is an outpatient or is in an area where nursing help is not available, call the Emergency Department.
4. If the patient is at one of the outpatient draw center where nursing help is not available, call 911 for assistance.

#### Cardiac or respiratory difficulties:

1. For cardiac arrest, severe respiratory difficulties or apnea (cessation of breathing) call a CODE 99.

The nature and treatment of all reactions should be reported to the nurse or supervisor in charge.

#### References:

AABB Technical manual, Ninth Edition, pp. 8-14. NCCLS Vol. 4, No. 5, p. 101

Distribution of Procedure:

Phlebotomy department  
 871 Medical Center Drive  
 Outpatient/Donor Room  
 Com 1  
 Com 3  
 Urgent Care

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