



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

<b>Department:</b>	Emergency Room		
<b>Document:</b>	Multidisciplinary Policy and Procedure		
<b>Title:</b>	Blood Extraction		
<b>Applies To:</b>	All Emergency Room Staff		
<b>Preparation Date:</b>	January 05, 2025	<b>Index No:</b>	ER-MPP-017
<b>Approval Date:</b>	January 19, 2025	<b>Version :</b>	2
<b>Effective Date:</b>	February 19, 2025	<b>Replacement No.:</b>	ER-MPP-017 (1)
<b>Review Date:</b>	February 19, 2028	<b>No. of Pages:</b>	3

## 1. PURPOSE:

- 1.1 As a source of valuable information to screen patients for disease.
- 1.2 To evaluate the progress of therapy.
- 1.3 To monitor the wellbeing of the patient.
- 1.4 To establish or workout a diagnosis.

## 2. DEFINITIONS:

- 2.1 **Blood Extraction** – is a procedure of obtaining a sample of blood through venipuncture for diagnostics tests through aseptic technique.
- 2.2 **Venipuncture** – is a technique in which a vein is punctured through the skin by a sharp rigid stylet such as butterfly needle, cannula or by a needle attached to a syringe.

## 3. POLICY:

- 3.1 Observe/ follow standard infection control policy.
- 3.2 Any specimen sent to laboratory must be properly labelled containing patient's 4 names for the Saudi and complete name for the Non – Saudi and Medical Record Number.
- 3.3 Peripheral vein collection should only be performed by a qualified or trained staff with written order.

## 4. PROCEDURE:

- 4.1 Verify physician's order.
- 4.2 Two registered nurses will identify the patient by two patient identifiers (4 names for the Saudi and complete name for the Non – Saudi and the Medical Record Number).
- 4.3 Explain the procedure to the patient.
- 4.4 Prepare the needed equipment's.
- 4.5 Wash hands and wear gloves.
- 4.6 Assist the patient in a comfortable position.
- 4.7 Provide privacy.
- 4.8 Select the site for extraction. The ideal site is a straight prominent vein that feels firm and slightly rebounds when palpated.
- 4.9 Apply the tourniquet 4 – 6 inches above the venipuncture site. Most often the antecubital fossa site is used. The tourniquet should be applied wherein it can be removed by pulling the end with a single motion.
- 4.10 Check for the distal pulse. If there is no pulse felt, the tourniquet is applied too tightly and must be reapplied more loosely.
- 4.11 Have patient open and close fist several times to distend the vein, leaving fist clenched prior to venipuncture.
- 4.12 Disinfect site with alcohol swab using a circular method at the site and extending the motion 2 inches beyond the site. Allow the alcohol to dry.

- 4.13 Maintain tourniquet only for 1 – 2 minutes.
- 4.14 Prepare to obtain blood sample. Technique varies depending on the following:
  - 4.14.1 Syringe Method:
    - 4.14.1.1 Hold syringe needle at 15 – 30° angles from the skin with bevel up.
    - 4.14.1.2 Slowly insert the needle.
    - 4.14.1.3 Gently pull back on syringe plunger and look for blood return.
    - 4.14.1.4 Obtain desired amount of blood into the syringe.
  - 4.14.2 Butterfly Needle Method:
    - 4.14.2.1 Connect the syringe to the butterfly needle tubing.
    - 4.14.2.2 Grasp the wings of the butterfly needle and insert at 20 – 30° angles with the bevel up.
    - 4.14.2.3 Check for return flow and aspirate desired amount of blood into the syringe.
  - 4.14.3 Cannula Method:
    - 4.14.3.1 Position the cannula 45° angle from the skin of puncture site and insert directly to the selected vein.
    - 4.14.3.2 Check flashback chamber for blood return to confirm placement in vein.
    - 4.14.3.3 Remove the stylet. Be sure to apply pressure on the vein to prevent blood from pooling on the bed. Insert syringe and aspirate the desired amount.
    - 4.14.3.4 Apply transparent adhesive dressing.
- 4.15 Remove tourniquet once blood collection is completed.
- 4.16 Quickly remove the needle from the vein while applying pressure to the site with 2 x 2 sterile gauze or cotton balls for butterfly needle or syringe method. Otherwise, lock cannula or hook to IVF.
- 4.17 Transfer the blood to appropriate tube immediately with name and medical record number.
- 4.18 Throw the gauze or cotton balls and apply band – aid to the pricked site.
- 4.19 Dispose the needle into the sharp container and the other material in the designated container.
- 4.20 Remove gloves, wash hands.
- 4.21 Fill – up laboratory request form by patient 4 names for Saudi/complete names for the Non – Saudi and medical record number.
- 4.22 Send sample to laboratory along with request form, through pneumatic tube system.
- 4.23 Document in the nursing notes the procedure done and laboratory investigations ordered date and time.
- 4.24 Passes venipuncture site for dozing, bleeding or evidence of hematoma.
- 4.25 Special considerations:
  - 4.25.1 Since some blood samples require special handling, it is important for the nurse to be familiar with the particular test that is ordered.
  - 4.25.2 Patients with a history of abnormal clotting disorder, low platelets or related condition such as hemophilia may be risk of increased bleeding at the site or hematoma formation.
  - 4.25.3 Many patient are fearful of needles especially children and additional help may be needed. Very young children may need to have extremity restrained during the procedure.
  - 4.25.4 In case of polytrauma such as RTA (Road Traffic Accident), G14 or G16 cannula must be used to establish two intravenous accesses as per ATLS (Advanced Trauma Life Support) guidelines.

## 5. MATERIALS AND EQUIPMENT:

- 5.1 Disposable Gloves
- 5.2 Alcohol Swabs
- 5.3 Sterile Gauze or Cotton Balls
- 5.4 Rubber Tourniquet
- 5.5 Bandage or Adhesive Tape
- 5.6 Appropriate Blood Collection Tube
- 5.7 Completed Laboratory Request Form
- 5.8 Butterfly Needle
- 5.9 IV Cannula
- 5.10 Needle G23
- 5.11 Syringe (depending on the amount of blood to be collected)

- 5.12 Small Sharp Container
- 5.13 Procedure Trolley or Tray
- 5.14 Health Care Waste Bag
- 5.15 Specimen Bag

**6. RESPONSIBILITIES:**

- 6.1 Physician
- 6.2 Nurse

**7. APPENDICES:**

N/A

**8. REFERENCES:**

- 8.1 Guidelines for Emergency Department, Ministry of Health, 2013.

**9. APPROVALS:**

	Name	Title	Signature	Date
Prepared by:	Ms. Alreem Mofareh Al Rashidi	Head Nurse of PER		January 05, 2025
Prepared by:	Ms. Reem Kammadh Al Dhafeeri	Head Nurse of OBSER		January 05, 2025
Reviewed by:	Mr. Sabah Turayhib Al Harbi	Director of Nursing		January 06, 2025
Reviewed by:	Dr. Amal Abdullah Al Harbi	Pediatric Emergency Room Consultant		January 07, 2025
Reviewed by:	Dr. Mohannad Yaghmour	OBS-ER Head of the Department		January 08, 2025
Reviewed by:	Mr. Abdulelah Ayed Al Mutairi	QM&PS Director		January 09, 2025
Reviewed by:	Dr. Tamer Mohamed Naguib	Medical Director		January 12, 2025
Approved by:	Mr. Fahad Hezam Al Shammari	Hospital Director		January 19, 2025