

COMPETENCY DOCUMENTATION

Performing Venepuncture and Pre Transfusion Sampling in Adult Patients V1.1 (2021)

AUTHOR: : Chris Ellis	JOB TITLE: Clinical Skills Manager (Nursing & AHP)
STAFF GROUP RELEVANT TO: Qualified nurses; Operating Department Practitioners (ODP's); Medical Staff; Phlebotomists; Assistant practitioners; Nursing Associates; Band 3 Health Care Assistants and Operating Department Assistants (ODA's) (if approved by ward manager)	APPROVED DATE: November 2021 REVIEW DATE: November 2023 VERSION: V1.1
LINKS TO CLINICAL GUIDELINE/POLICIES: Consent Policy http://lthtr-documents/current/P204.pdf Provision of information for patients policy http://lthtr-documents/current/P250.pdf Hand hygiene Policy http://lthtr-documents/current/P168.pdf Standards precautions procedure and Personal Protective Equipment (PPE) use policy http://lthtr-documents/current/P293.pdf Blood Transfusion Policy http://lthtr-documents/current/P1.pdf	Aseptic Non Touch Technique (ANTT) policy http://lthtr-documents/current/P316.pdf Patient Identification Policy http://lthtr-documents/current/P270.pdf Infection control Policy http://lthtr-documents/current/P249.pdf Pathology specimen labelling procedure policy http://lthtr-documents/current/P90.pdf
RISK SCORE: Impact: 3 x Likelihood: 1 = 3 Low x Medium <input type="checkbox"/> High <input type="checkbox"/>	CLINICAL GOVERNANCE APPROVAL FOR HIGH RISK SCORING COMPETENCIES DATE:

This competency was produced in consultation with:

Royal Marsden Manual online 10th Edition 2020 ✓

by LTHTR Clinical Staff in consultation with clinical experts ✓

and is referenced to current evidence based practice ✓

This competency was produced in consultation with:

Name	Title	Location/Directorate
Ruth Rhodes	Governance Service Manager	Pathology
Lisa McKee	Phlebotomy Services Manager	Phlebotomy
Sanchia Baines	Blood Transfusion Practitioner	Blood Transfusion, Pathology

Evidence Based References:

A full reference list is located within the Venepuncture guideline.

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Staff Name (Please print) _____

Assessors Name (Please print) _____

Date of Competency Assessment _____

Action	Rationale	
Pre procedure		
All the following procedures need to be undertaken following the underlying principles of ANTT and staff should not be performing this skill if not ANTT competent and compliant		
<ul style="list-style-type: none"> Washes/gels hands before approaching patient as per Trust Hand hygiene Policy 	To meet 5 moments of hand hygiene as per Trust Hand hygiene Policy http://lthtr-documents/current/P168.pdf	
<ul style="list-style-type: none"> Approaches the patient in a confident manner. Introduces self and role and purpose of interaction 	To establish therapeutic relationship. To keep patient fully informed.	
<ul style="list-style-type: none"> Ensure samples are taken from only ONE patient at a time Correctly identifies the patient prior to the test by confirming; <ul style="list-style-type: none"> Name Date of Birth NHS or Hospital number Checks address if outpatient Checks identity of patient matches the details on the blood request form / Quadramed order If the patient is unable to communicate <ul style="list-style-type: none"> Checks identification bracelet Gains clarity with a relative / carer or registered nurse / doctor to whom the patient is known if needed. 	To ensure the sample is taken from the correct patient (NPSA [231], C; RCN [260], C). Patient Identification Policy http://lthtr-documents/current/P270.pdf As identified in the Patient Identification policy and Blood Transfusion Policy	
<ul style="list-style-type: none"> Explains and discusses the procedure with the patient. 	To ensure that the patient understands the procedure and gives their valid consent (NMC [230], C) and Trust Consent Policy http://lthtr-documents/current/P204.pdf	
<ul style="list-style-type: none"> Gives patient the opportunity to ask questions and discuss any problems which have arisen previously. 	Anxiety results in vasoconstriction; therefore, a patient who is relaxed will have dilated veins, making access easier. E	
<ul style="list-style-type: none"> Consults with the patient as to any preferences and problems that may have been experienced at previous venepunctures. 	To involve the patient in the treatment. To acquaint the nurse fully with the patient's previous	

<ul style="list-style-type: none"> Checks if patient has any allergies. 	<p>venous history and identify any changes in clinical status, for example mastectomy, as both may influence vein choice (Dougherty [65], E).</p> <p>To prevent allergic reactions, for example to latex or chlorhexidine (McCall and Tankersley [197], E; MHRA [204] C).</p>	
<p>Action</p>	<p>Rationale</p>	
<ul style="list-style-type: none"> Washes/gels hands before preparing equipment as per Trust Hand hygiene Policy 	<p>To meet 5 moments of hand hygiene as per Trust Hand hygiene Policy http://lthtr-documents/current/P168.pdf</p>	
<ul style="list-style-type: none"> Assembles equipment necessary for venepuncture: <ul style="list-style-type: none"> Appropriate cleanable plastic tray (Cleaned with soap and water then dried or Clinell Universal wipes. Then decontaminated with a 70% isopropyl alcohol and 2% Chlorhexidine Gluconate based swab) Sharps Bin (¾ closed when stored or in transit) Disposable / single patient use tourniquet with a quick release mechanism (reusable tourniquets can ONLY be used by the phlebotomy service and these must be regularly cleaned and used within a rotational basis) 2% Chlorhexidine Gluconate based swab Appropriate Monvette S™ tubes and needle system Sterile adhesive plaster / dressing or hypoallergenic tape and low linting gauze (Not cotton wool) Non sterile, well-fitting gloves Plastic apron (as required, see PPE policy) Correct blood labels and clear transport bag (if unable to produce at the bedside, see above) 	<p>To ensure that time is not wasted and that the procedure goes smoothly without unnecessary interruptions. E</p>	
<ul style="list-style-type: none"> Washes/gels hands as per Trust Hand hygiene Policy prior to approaching patient. 	<p>To minimize risk of infection (DH [59], C; Fraise and Bradley [80], E). Hand hygiene Policy: http://lthtr-documents/current/P168.pdf</p>	
<ul style="list-style-type: none"> Checks own hands for any visibly broken skin, and covers with a waterproof dressing if required. 	<p>To minimize the risk of contamination to the practitioner (DH [59], C; Fraise and Bradley [80], E).</p>	
<ul style="list-style-type: none"> Checks all packaging is intact and equipment is within date before opening and preparing on / in the chosen clean receptacle. 	<p>To maintain asepsis throughout and check that no equipment is damaged or out of date. E</p>	
<p>Procedure</p>		
<ul style="list-style-type: none"> Takes all the equipment to the patient, exhibiting a confident manner. Takes COW (computer on wheels) with working label printer to bedside ensuring Wi-Fi connection is present 	<p>To help the patient feel more at ease with the procedure. E To ensure sample bottles are labelled at the bedside to prevent wrong blood in tube errors</p>	
<ul style="list-style-type: none"> Supports the chosen limb on a pillow if required. 	<p>To ensure the patient's comfort and facilitate venous access. E</p>	
<ul style="list-style-type: none"> Applies a tourniquet to the upper arm on the chosen side. 	<p>To dilate the veins by obstructing the venous return (Dougherty [65], E).</p>	

<ul style="list-style-type: none"> • Checks it does not obstruct arterial flow. • Varies position of the tourniquet if required • The tourniquet must not be left in place for longer than 60 seconds at any one time 	<p>To increase the prominence of the veins. E</p> <p>If the radial pulse cannot be palpated then the tourniquet is too tight (Weinstein and Plumer [316])</p> <p>If a vein in the hand is to be used tourniquet may be placed on the forearm.</p> <p>To promote blood flow and therefore distend the veins (Lenhardt et al. [180], R3).</p>	
<ul style="list-style-type: none"> • If the tourniquet does not improve venous access, uses one of the following methods : <ul style="list-style-type: none"> - Places arm in a dependent position. - Strokes veins in the direction of the tourniquet. - Removes tourniquet and applies warm moist heat. 	<p>A warm compress, soak limb in warm water or, with prescription, apply glyceryl tri-nitrate ointment/patch (Weinstein and Plumer [316]).</p>	
Action	Rationale	
<ul style="list-style-type: none"> • Selects vein by careful palpation to determine size, depth and condition. 	<p>To prevent inadvertent insertion of the needle into other anatomical structures (Witt [325], E).</p>	
<ul style="list-style-type: none"> • Releases the tourniquet. 	<p>To ensure patient comfort. E</p>	
<ul style="list-style-type: none"> • Selects the device, based on vein size, site and volume of blood to be taken. 	<p>To reduce damage or trauma to the vein and prevent haemolysis (Dougherty [65], E; RCN [260], C).</p>	
<ul style="list-style-type: none"> • Cleans patient's skin carefully for 30 seconds using chlorhexidine 2% in 70% isopropyl alcohol • Allows to dry for around 30 seconds. • Does not re-palpate or touch the skin after cleaning. • If touched area re-cleaned as above. 	<p>To maintain asepsis and minimize the risk of infection (DH [59], C; Fraise and Bradley [80], E).</p> <p>To prevent pain on insertion (Dougherty [65], E; Fraise and Bradley [80], E; RCN [260], C).</p>	
<ul style="list-style-type: none"> • Washes/gels hands as per Trust Hand hygiene Policy. 	<p>To maintain asepsis and minimize the risk of infection (DH [59], C; Fraise and Bradley [80], E).</p>	
<ul style="list-style-type: none"> • Reapplies the tourniquet. 	<p>To dilate the veins by obstructing the venous return (Dougherty [65], E).</p>	
<ul style="list-style-type: none"> • Puts on gloves. 	<p>To prevent possible contamination of the practitioner (NHS Employers [223], C).</p>	
<ul style="list-style-type: none"> • Removes cover from the needle and inspects the device carefully. 	<p>To detect faulty equipment, for example bent or barbed needles.</p> <p>If these are present places them in a safe container, record batch details and return to manufacturer (MHRA [203], C; RCN [260], C).</p>	
<ul style="list-style-type: none"> • Anchors the vein by applying manual traction on the skin a few centimetres below the proposed insertion site 	<p>To immobilize the vein.</p> <p>To provide counter tension to the vein which will facilitate a smoother needle entry (Dougherty [65], E).</p>	
<ul style="list-style-type: none"> • Releases the tourniquet again at this point only if taking blood to assess calcium levels and Lactate are the first bottles to be drawn. It must be released for 20 seconds before taking the sample 	<p>Releases the tourniquet may be necessary at the beginning of sampling as inaccurate measurements may be caused by haemostasis, for example when taking blood to assess calcium levels and Lactate</p>	
<ul style="list-style-type: none"> • Inserts the needle smoothly at an angle of approximately 30°. 	<p>To facilitate a successful, pain-free venepuncture. E</p>	

<ul style="list-style-type: none"> Adjusts angle as required for size and depth of the vein 		
<ul style="list-style-type: none"> Once vein is entered stops further insertion and reduce the angle of descent of the needle as soon as a flashback of blood is seen : <ul style="list-style-type: none"> in the tubing of a winged infusion device or when puncture of the vein wall is felt. 	To prevent advancing too far through vein wall and causing damage to the vessel (Dougherty [65] , E).	
<ul style="list-style-type: none"> Slightly advance the needle into the vein,(if possible) 	To stabilize the device within the vein and prevent it becoming dislodged during withdrawal of blood. E	
<ul style="list-style-type: none"> Does not exert any pressure on the needle. 	To prevent a puncture occurring through the vein wall. E	
<ul style="list-style-type: none"> Withdraws the required amount of blood using the syringe technique Monvette S™ blood collection system. 	To minimize the risk of transferring additives from one tube to another and bacterial contamination of blood cultures (manufacturer's guidelines, C).	
Action	Rationale	
<ul style="list-style-type: none"> Collects blood samples in the following order: <ul style="list-style-type: none"> Blood Cultures (if necessary) Serum (White tube) Serum Gel (Brown tube) Coagulation (Green tube) Heparin (Lactate) (Orange tube) EDTA (Red or Grey tube) Fluoride (Yellow tube) 	When taking only a coagulation sample then a waste sample must be taken first to ensure that the coagulation sample is filled appropriately (see below)	
<ul style="list-style-type: none"> Gently inverts all tubes at least six times. 	To prevent damage to blood cells and to mix with additives (manufacturer's guidelines, C).	
<ul style="list-style-type: none"> Ensures all sample bottles are filled to the visible line on all bottles that indicates the correct fill level. 	<p>Sample bottles need to be filled to the appropriate level, especially any samples for coagulation testing that contain liquid anti-coagulant; INR, aPTT, FDP and non-routine tests such as Factor assays, lupus and thrombophilia.</p> <p>Coagulation bottles contain a liquid anti-coagulant and under or over filling will affect the result. This can lead to delays and repeat bleeding of the patient.</p> <p>Ref: Making it better memo LTHTR</p>	
<ul style="list-style-type: none"> Releases the tourniquet. 	To decrease the pressure within the vein. E	
<ul style="list-style-type: none"> Removes the last blood tube from plastic tube holder. 	To prevent blood spillage caused by vacuum in the tube (Campbell et al. [32] , E).	
<ul style="list-style-type: none"> Places a low-linting swab over the puncture point. 	To apply pressure. E	
<ul style="list-style-type: none"> Removes the needle. Does not apply pressure until the needle has been fully removed. 	To prevent pain on removal and damage to the intima of the vein. E	
<ul style="list-style-type: none"> Activates safety device and then discards the needle immediately in sharps bin. 	To reduce the risk of accidental needle-stick injury (HSE [134] , C).	
<ul style="list-style-type: none"> Applies digital pressure directly over the puncture site. Pressure is applied until bleeding has ceased; <ul style="list-style-type: none"> approximately 1 minute or longer if current disease or treatment interferes 	To stop leakage and haematoma formation. To preserve vein by preventing bruising or haematoma formation. E	

with clotting mechanisms.		
<ul style="list-style-type: none"> Request patient apply pressure with a finger Advised patient not to bend the arm if a vein in the antecubital fossa was used. 	To prevent leakage and haematoma formation (Morris [211], E).	
<ul style="list-style-type: none"> Produces blood labels as per Pathology Specimen labelling Procedure. Transfusion samples MUST be clearly and accurately HANDWRITTEN. Minimum data set for this sample must include; <ul style="list-style-type: none"> First name Surname Date of birth NHS Number Ward or department Date and time Signature (of person acquiring sample) Samples MUST be labelled by the person taking the sample 	Pathology specimen labels should be printed at the bedside immediately after the blood has been collected. Any samples that do not conform will be rejected. The laboratory has an absolute zero tolerance for any incorrectly labelled transfusion sample this includes emergency samples – this is to protect the patient and the staff involved in the process	
<ul style="list-style-type: none"> Labels the bottles with the relevant details at the patient's side as per Pathology Specimen labelling Procedure. 	To ensure that the specimens from the right patient are delivered to the laboratory, the requested tests are performed and the results returned to the correct patient's records (NMC [227], C; NPSA [231], C).	
Post Procedure		
<ul style="list-style-type: none"> Inspects the puncture point before applying a dressing. 	To check that the puncture point has sealed. E	
<ul style="list-style-type: none"> Confirms whether the patient is allergic to adhesive plaster. 	To prevent an allergic skin reaction. E	
<ul style="list-style-type: none"> Applies an adhesive plaster or alternative dressing. 	To cover the puncture and prevent leakage or contamination. E	
<ul style="list-style-type: none"> Ensures that the patient is comfortable. 	To ascertain whether patient wishes to rest before leaving (if an outpatient) or whether any other measures need to be taken. E	
<ul style="list-style-type: none"> Removes gloves and discards waste in the correct containers following ANTT guidance: <ul style="list-style-type: none"> sharps into a designated sharps receptacle gloves into clinical waste bin. Non -medical waste into domestic bins 	To ensure safe disposal and avoid laceration or other injury of staff (DH [53], C; Fraise and Bradley [80], E). To prevent reuse of equipment (MDA [200], C).	
<ul style="list-style-type: none"> Washes/gels hands before approaching patient as per Trust Hand hygiene Policy 	To meet 5 moments of hand hygiene as per Trust Hand hygiene Policy http://lthtr-documents/current/P168.pdf	
<ul style="list-style-type: none"> Reconfirms all details on form/sample prior to sending Follows hospital procedure for collection and transportation of specimens to the laboratory. <ul style="list-style-type: none"> Using the POD system if applicable or Contacting Portering services if urgent 	To make sure that accurate specimens reach their intended destination. E	
<ul style="list-style-type: none"> Documents the procedure in the patient's records if taken whilst an inpatient. 	To ensure timely and accurate record keeping (NMC [227], C).	

Competency Assessment Sign Off Form

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Name of Staff & Band (Please ensure that you are in the relevant staff group on the competency; if not, you should not be undertaking this assessment)	Name (Please Print)									
	Band									
Staff / ESR Number (This is the number you use to login to Blended learning and is the 8 digit number on your payslip)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> (This is used to store your competencies on a trust database and is how we will search for your competency)									
Signature of Staff										
Ward										
Name of Assessor & Band (Please ensure that they are appropriate for the competency and that the assessor has the appropriate competence to sign off)	Name (Please Print)									
	Band									
Signature of Assessor										
Ward										
Date										

Please ensure that you keep a copy of the completed competency and this form for your own records, it is your responsibility to maintain your own records.

Please scan this form;

Scanned to; clinical.education@lthtr.nhs.uk

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