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<b>Subject:</b>	PHLEBOTOMY AND LABELING GUIDELINES FOR LAB AND NURSING				
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## PHLEBOTOMY AND LABELING GUIDELINES FOR LAB AND NURSING

- Patient identification **MUST** be verified. Patient name **AND** hospital account number on the armband must match the request **before** the specimen is collected. For patients without an armband (clients and walk-in outpatients), verify identification by comparing to the request the name and date of birth. When possible ask patient to state their name.
- The person collecting the specimen **MUST** label the specimen **AT THE BEDSIDE** immediately after collection.

All Specimens must be labeled with the following information:

**Patient Full Name (no initials or abbreviations)**

**Hospital Number (hand written required only for blood bank specimens)**

**Date and time of collection (hand written)**

**Initials of the specimen collector (hand written/not CBN)**

The only data that can be corrected, added, etc. after receipt in the lab is the collection time and date. This can only be done by the person who collected the specimen.

Note: If collected using the patient identification system, the handwritten information is not required.

**If the nurse is going to draw the blood right away, the phlebotomist should accompany the nurse into the room and assist** by handing them the proper tubes and the Meditech labels for the nurse to use. The nurse must hand write the collection date, time and her initials on the Meditech label. Either the nurse or the phlebotomist can tube the blood to the lab. Cooperation is the key!

When a patient needs specimen collection it is imperative that the phlebotomist communicate with the nursing staff and evaluate or attempt to collect the specimen. In critical care areas, patient conditions can change hourly, and communication can improve patient care. Nursing staff may not know when specimens have to be collected. The lab should advise the nurse of what is ordered and what type of tube to use, each time. Because of the volume of specimen collections, the phlebotomists may not be able to wait for a prolonged time (up to 5 minutes is ok). If the nurse needs a little time to prepare to collect a specimen, and the phlebotomist has

other draws on the pod or floor, they can advise the nurse and check back as soon as possible after completing the collection. Use common sense and cooperate with each other.

**Phlebotomists cannot label any specimen they did not personally collect. Phlebotomists shall not be responsible for aliquotting blood collected by others into tubes. If the Tube system is down, the lab will assist in the transportation of the tubes to the lab. If the phlebotomists are unavailable due to workload, the lab and nursing station will workout a mutually satisfactory mechanism for transport.**

On nurse collected blood specimens, Meditech labels will be sent to the floor for their use. ALL blood specimens, regardless of collector (nurse or phlebotomist) must contain the same information. **Handwritten Date, Time and collectors initials (not CBN) are required on Meditech Labels collected by phlebotomists or nurses.**

The Meditech label identifies the test and the color tube needed. If there is any question, please call the lab office. After collection, the Meditech labels should be placed on the appropriate tube with the barcodes along the length of the tube. The phlebotomists should assist by identifying what tubes are needed and if special handling is needed (ice, etc), how to send through the tube system.

It is important that the laboratory and the nursing staff cooperate for the benefit of the patient. Situations will arise that are not covered in this document. It is imperative that we use common sense and courtesy. If in doubt, seek guidance or use common sense and then report the scenario to the phlebotomy supervisor, or the Lab Director, etc. for guidance on how to handle the situation in the future.

The patient identification system when used will provide collection information and order of collection information.

When the CTS system is not operational in one or all zones, the phlebotomy dispatcher is responsible for determining the extent and possible timeframe of the downtime. If phlebotomists or charters are available to pick up samples, they will be utilized first. If additional personnel are needed the dispatcher will call the lab central operations supervisor, or if one is not on duty, the core lab supervisor.

If only a few people are needed, the lab supervisor will call areas of the lab listed on the Lab Specimen Transport Log until adequate personnel are available. Personnel should be selected so that performance of Stat and Urgent patient testing should have minimal delay. The supervisor will record personnel dispatched on the log sheet. Personnel will report to the phlebotomy dispatcher in the main building for instruction.

If several people are needed over an extended time, the supervisor will call "Tube system down code is now in effect" over the lab intercom. Each section is responsible for evaluating their workload and staffing and calling the central operations area with the number of personnel they can release for specimen transport. The supervisor will select personnel to send as described above.

Personnel that may be asked to help phlebotomy and charters transport specimens include:

- Storekeeper/Inventory
- Billing
- LIS personnel
- Transcriptionists
- QA personnel
- Techs

Personnel should be selected so that there is minimal delay in the delivery of patient care. Specimen transport responsibility will be shared among all departments of the laboratory.

During times of minimal staffing, the supervisor may require personnel to work over, come in early, or be called in to work, in order to expedite specimen delivery to the laboratory.

Laboratory personnel may also be required to help transport blood products to patient care areas. Blood Bank will provide written instruction in the appropriate handling of blood products.

When the hospital is on emergency power, phlebotomy dispatch and Blood Bank will coordinate using one of the tube stations in surgery or the emergency department for transporting specimens and blood products.

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