

## **BLOOD COLLECTION TECHNIQUE BY FINGERSTICK**

### **I. PRINCIPLE**

Blood collection technique used in the collection of a blood specimen is critical in order to maintain the integrity of the specimen and to ensure quality patient results. In keeping with excellent patient care, it is also a high priority that the patient be reassured and relieved of apprehension.

### **II. SPECIMEN REQUIREMENTS**

#### **A. Conditions for Patient Preparation.**

The patient should be in a supine or sitting position. The patient should be assured of the necessity and the ease of the procedure to relieve as much apprehension as possible. All patient questions outside the procedure being performed should be referred to the nurse or physician in charge of the patient, if they are not performing this procedure.

#### **B. Type of Specimen**

Whole blood is collected into an appropriate specimen tube or placed directly on the test pad as required by the test requested.

#### **C. Handling Conditions**

All specimens collected must be immediately labeled or processed before leaving the patient. Appropriate handling conditions for each test requested should be adhered to as stated in the procedure.

### **III. REAGENTS AND SUPPLIES**

- A. Specimen collection tubes (if required) - these will vary depending on the individual requirements of the test requested.**
- B. Alcohol preps for cleansing the area.**
- C. Gauze squares**
- D. Automatic Lancing Device**
- E. Band-aid**

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IV. **CALIBRATION**

No calibration is required for this procedure.

V. **QUALITY CONTROL**

Identification of the patient must be performed by checking identification band against labels or manual request form. Two patient identifiers are required. Ask conscious patient his or her full name and birth date or check wristband. Outpatient identifiers are full name and date of birth and inpatient identifiers are name and medical record number. Verify identity of an unconscious patient by checking the patient's armband or from a nurse, relative or friend. DO NOT draw any specimen without properly identifying the patient. Performance Improvement indicators are monitored as well as Patient Satisfaction Surveys.

VI. **PROCEDURE**

Wash hands following infection control guidelines upon entering the patient room and between patients.

- A. Identification of the patient must be performed by checking identification band against computer-printed labels or manual request. A minimum of two patient identifiers are required. Verify identity of an unconscious patient by checking identification wristband or from a nurse, relative or friend. DO NOT draw any specimen without properly identifying the patient.
- B. If a fasting specimen is required, confirm that the fasting order has been followed.
- C. Address the patient by name and inform the patient what is to be done. Reassure the patient to avoid as much tension as possible.
- D. Assemble equipment necessary for procedure.
- E. Instruct patient to rest arm in a downward position for at least 30 seconds to allow blood to flow to fingertips.
- F. **Always** don gloves (must be clean and changed between patients) before proceeding to next step.
- G. Choosing either the middle or third finger, cleanse the fingertip with an alcohol prep or 1 per cent iodophor-pvp-saturated swabstick. Allow alcohol to air dry before proceeding.
- H. Using automatic lancing device, puncture the skin on the side of the finger (this area contains a larger amount of capillaries and less nerve endings). Hold lancet and twist off blue protective lancet cap. Lightly press the lancet against the fingertip and press the blue button.
- I. The first drop of blood should be wiped away with a gauze square to avoid tissue juices which may result in inaccurate results. Gently massage the patient's finger to force the blood toward the tip. Then gently apply pressure to the sides

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of the finger.

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- J. Collect the blood into the appropriate microtainer tubes, apply a drop of blood to the test pad(s) of the strip, or apply the appropriate amount of blood to a cartridge. Tubes containing anticoagulant should be capped and then gently inverted and thumped with the index finger to mix properly
- K. Apply direct pressure to wound site with clean gauze pad. When bleeding has stopped, bandage the patient's finger. Usually a band-aid over a cotton ball or rolled up sterile gauze square is adequate.
- L. Label each tube collected with the patient's name, medical record number, if applicable, date and time of collection, and collector's initials/phlebotomy tech code. Follow any special handling procedures, e.g., chilling. . It is desirable for all specimens labeled with an addressograph label to include the specimen control number.
- M. Perform Point-of-Care testing procedure adhering to procedure instructions.
- N. Check the condition of the patient, e.g., whether the patient is faint and that bleeding is under control.
- O. Remove all equipment used and thank patient for their cooperation.
- P. Dispose of contaminated materials such as lancets, cotton, gauze, etc., in appropriate containers.

**VII. CALCULATIONS**

Not Applicable.

**VIII. REPORTING RESULTS**

Not Applicable.

**IX. PROCEDURE NOTES**

All additive-containing tubes must undergo immediate inversion at least 10 times to ensure proper mixing. Never shake the tubes violently. This may result in inaccurate results due to hemolysis.

Patients with calloused fingers may need to be stuck more than once to obtain the required amount of blood needed.

When sticking babies, the blood collection technique for neonates should be used.

**X. LIMITATIONS OF PROCEDURE**

- A. Additive - containing tubes containing clots must be discarded and recollected.
- B. Tubes improperly labeled must be discarded and recollected.

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- C. Tubes not adhering to special handling procedures must be discarded and recollected.

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- D. Hemolyzed specimens obtained for test procedures requiring non-hemolyzed specimens must be discarded and recollected.
- E. Specimens exceeding time requirements for test procedure must be discarded and recollected.
- F. Excessive squeezing of the patient's fingers should be avoided to eliminate diluting specimen sample with tissue juices resulting in inaccurate results.
- G. Specimens not meeting the criteria as specified in Policy 2.2, Unacceptable/Suboptimal Specimen Protocol will be handled as stated in that policy.

**XI. REFERENCES**

- A. M.D. Anderson Hospital, Department of Clinical Chemistry and Laboratory Medicine. Venipuncturist's Manual. 1974.
- B. POC Blood Glucose Procedure By AccuData GTS With Accu-Chek, 03/03.
- C. Microtainer Brand Tubes, Becton Dickinson, Product information.
- D. Title: H04-A5, Procedures and Devices for the Collection of Diagnostic Capillary Blood Specimens. Publication Date: 06/20/2004: Fifth Edition
- E. Accu-Chek Safe-T-Pro Lancet, 1999 Roche Diagnostics, 9115 Hague Road, Indianapolis, IN USA 46256

**XII. DISTRIBUTION**

This procedure is available to laboratory sections/personnel through the Department of Pathology Policy and Information manual. with availability to facility personnel via the hospital web site, [www.sh.lsuhs.edu](http://www.sh.lsuhs.edu).