

KINGSTON GENERAL HOSPITAL

VENIPUNCTURE

LEARNING GUIDE

Prepared by: **Nursing Education**
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by
Kingston General Hospital Nursing Education Staff

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NOTE: This learning guide contains information that is current at the time of publication and distribution. Policies and procedures are reviewed regularly and change frequently. Please refer to related policies and procedures contained in the Nursing Policy and Procedure Manual for current information.

INTRODUCTION

Purpose of the Venipuncture Learning Guide

This learning guide has been prepared to provide the theoretical information related to the skill of venipuncture (also known as phlebotomy). Venipuncture is a procedure in which a vein is accessed transcutaneously using a needle. Venipuncture is carried out to withdraw a specimen of blood for diagnostic testing.

1.1 Authorization Process

Registered Nurses, and Registered Practical Nurses authorized in this procedure may perform venipuncture.

Authorization is also extended to ECG Technicians and Phlebotomist at KGH under the DCA 12-01, March 2011.

The authorization process includes:

- attendance at an instructional class, and review of the Kingston General Hospital Venipuncture Learning Guide;
- successful completion of the Venipuncture Authorization Test (achieving a mark of at least 80%);
- observation of a venipuncture demonstration by a Clinical Educator or delegate; and
- return demonstration to the Clinical Educator or delegate, of three (3) successful venipunctures.

If you have been authorized previously elsewhere, and have practiced venipuncture within the last three (3) years, your Program Manager or delegate may waive the requirement for a total of three (3) return demonstrations. However, you will be expected to successfully complete the Authorization test and to demonstrate a successful venipuncture.

Reauthorization is not required unless you, your Clinical Educator, or your Manager identify a need for review.

Note: Baccalaureate nursing students may perform venipuncture when the following conditions are met:

- venipuncture theory, including classroom experience, is part of the student's basic curriculum

- the added nursing skill is commonly practiced by nurses on the assigned clinical unit
- the student is in their consolidating experience at the end of their educational program and is under the **direct** supervision of the authorized nurse preceptor/delegate
- the student completes a written test with a score of 80% or greater

NOTE: This process will not authorize the student for these interventions. While consolidating students may perform the interventions under certain conditions, only RN's/RPN's, ECG Technicians and Phlebotomists are eligible for authorization.

1.2 Expected Competencies for the Learner

1. Complete the authorization test successfully, with a score of no less than 80%;
2. Select appropriate veins for venipuncture;
3. Choose appropriate equipment for the specific situation and specific patient;
3. Carry out the necessary precautions to prevent complications and to ensure the safety of the patient and of self;
4. Apply the tourniquet or blood pressure cuff correctly;
5. Use appropriate methods to dilate the veins;
6. Insert and withdraw the needle or cannula using correct techniques;
7. Obtain samples using correct procedures, label and forward as appropriate; and
8. Document the procedure, and observe, report and record indications of possible complications or untoward responses.

1.0 OVERVIEW OF THE ANATOMY AND PHYSIOLOGY OF THE BLOOD VESSELS

The blood vessels form a closed system of tubes that serves to transport blood to all parts of the body and back to the heart.

Arteries

Arteries transport blood to the various body tissues under comparatively high pressure. The pumping action of the heart and the elasticity of the arterial walls create this pressure. The heart forces the blood into these elastic tubes. The tubes then recoil, sending the blood along in pulsating waves. The strong elastic walls of the arteries ensure that the flow of blood is fast and efficient.

Veins

Veins function to conduct blood from the peripheral tissues to the heart. Vein walls are thinner than the walls of arteries, containing less smooth muscle and elastic tissue. Blood pressure in the veins is extremely low compared to the pressure in the arterial part of the circulatory system. The blood must exit the venous system into the vena cava and the heart at even lower pressure if it is to keep moving. There is a special mechanism to achieve this. Veins possess a unique system of valves, formed by folds in the tunica intima (the inner wall of the veins), and these folds are present in pairs, serving to direct the flow of blood toward the heart.

Arteries require more protection than veins, and therefore are placed where injury is less likely to occur. Whereas many veins are superficially located, most arteries lie deep in the tissues and are protected by muscle. Occasionally, you may find what is known as an aberrant artery located superficially in an unusual place.

Arteries pulsate and veins do not. A method to ensure that you **do not** puncture an artery is to palpate the vessel that you have located for a pulse. **If a pulse is present, select another blood vessel.**

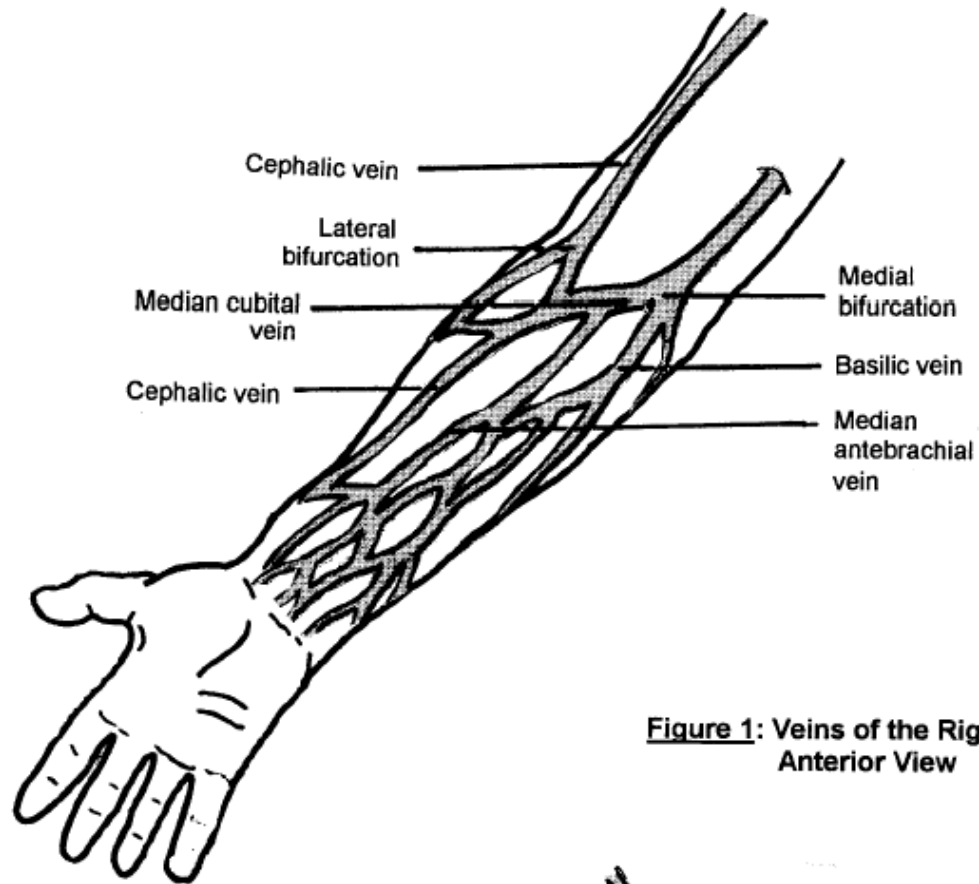


Figure 1: Veins of the Right Arm Anterior View

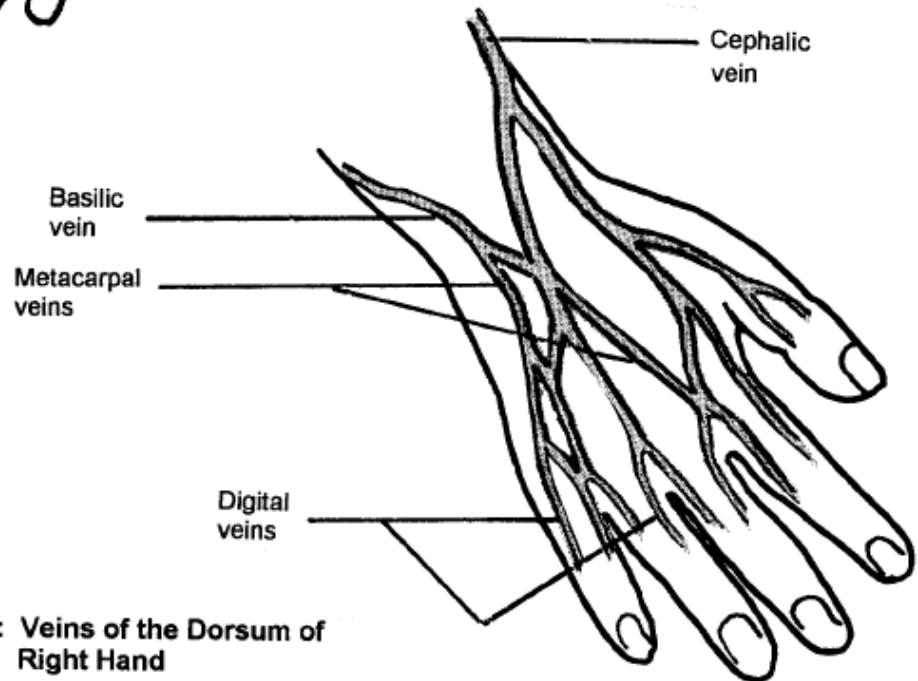


Figure 2: Veins of the Dorsum of Right Hand

3.0 THE VENIPUNCTURE PROCEDURE

3.1 Assessment: Selection of a Vein

The upper extremities are the preferred sites for venipuncture in adults. Upper and lower extremities are often used in neonates, children and sometimes in frail adults.

The ideal veins for venipuncture are located in the **antecubital fossa**, i.e., the inner aspect of the elbow joint. Veins often are more superficial as they cross joints. In the antecubital fossa, the **cephalic, basilic and median cubital veins** usually are easily accessible. After numerous venipunctures and intravenous (IV) administration, this area may become bruised or scarred. As a result, the veins in this area may feel 'cord-like' or may lack dimension when palpated. In this case, select an alternate site. Please review the diagram on page 10, illustrating the major veins used for venipuncture.

Another suitable site for venipuncture is the **dorsum (back) of the hand**, where the metacarpal veins and the **dorsal venous arch** are located. Venipuncture in this area is more painful for the patient as it contains smaller and more fragile veins. Therefore, use a smaller gauge of needle, i.e., a vacutainer brand safety-lok blood collection set (butterfly set).

The vein that you select for venipuncture must have several qualities:

- dimension or 'bounce' when palpated, not flat;
- softness: it cannot be hard and 'cord-like';
- located in limb opposite to existing IV site;
(If there is no appropriate vein in the opposite limb, then the venipuncture site may be in the same limb, but **below** the IV site); and
- free of swelling, redness and/or warmth.

If possible, limbs being used for intravenous (IV) therapy should not be used for venipuncture.

Exception:

If there are no other veins available for venipuncture, except those in the limb being used for IV therapy, venipuncture may be performed:

- distal (preferred) or proximal to the IV site.
- the IV infusion must be turned off completely for at least 2 minutes before the venipuncture and until venipuncture is complete.
- when the venipuncture is distal to the IV site, apply the tourniquet between the IV and the venipuncture site.

Note: The venipuncture must be documented as being performed distal or proximal to an infusion site and from which limb.

3.2 Preparation of Equipment

As previously noted, the condition of the selected vein may differ from procedure to procedure, depending on the site selected. Vein condition also may vary from patient to patient. Therefore, the nurse should vary the equipment selected to meet the specific needs of the situation.

Equipment includes:

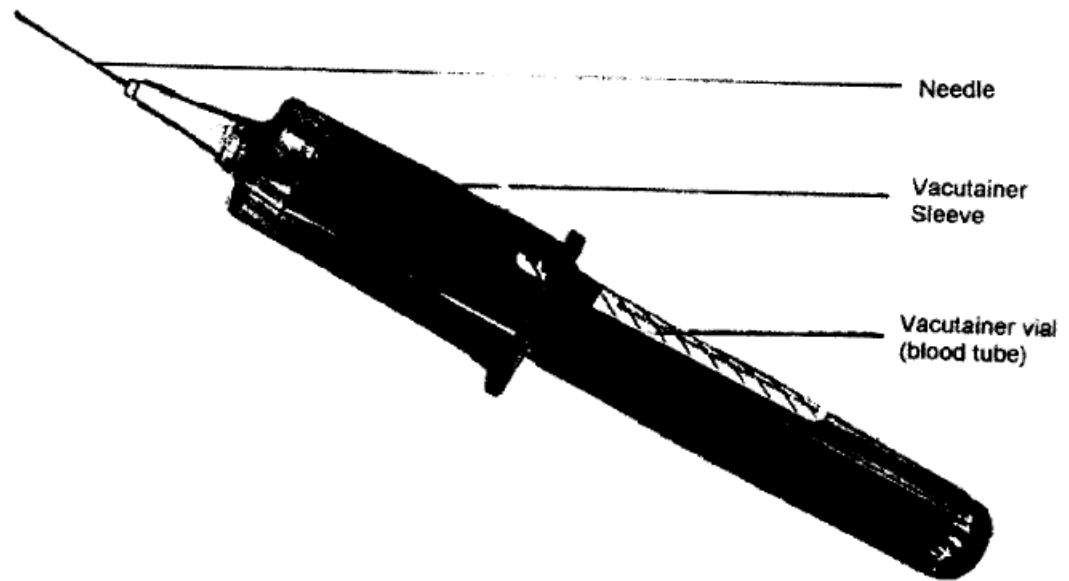
- Gloves
- Tourniquet
- Alcohol swab, chlorhexidine swab for neonates
- For blood cultures: 1-10% Povidone Iodine Pads, chlorhexidine 2% aqueous solution
- 2 x 2 or bandage

<ul style="list-style-type: none"> • Vacutainer Brand Safety-Lok Blood Collection Set (Butterfly), #21, #23 or #25 gauge • Vacutainer holder (neonates- use a 3 ml syringe instead of a vacutainer holder) 	<ul style="list-style-type: none"> • Vacutainer needle #21 gauge (Not for neonates) • Blood Transfer Device
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- 3 ml Syringe to aspirate blood, and a blood transfer device to transfer samples into tubes when syringe used.
- Blood collection tubes/Blood culture bottles
- Addressographed specimen labels or pre-printed patient labels and requisitions
- Biohazard Specimen bag
- Sharps disposal container (Sharpsigator)
- Ice, as needed
- Warming devices, as need

The Vacutainer System

The Vacutainer system consists of the holder, the appropriate gauge needle, and the Vacutainer blood tubes that are inserted into the holder to collect specimens. The needle is very easy to dispose of in the sharps container, without risk of blood contamination or needle-stick. The plastic Vacutainer holder is one time use only.



The Vacutainer system is the preferred method for obtaining samples. Grant (2003) suggests that the use of a conventional needle and syringe produces lower hemolysis rate. This system may not be appropriate for patients with smaller vessels or when blood sampling is performed from the dorsum of the hand.

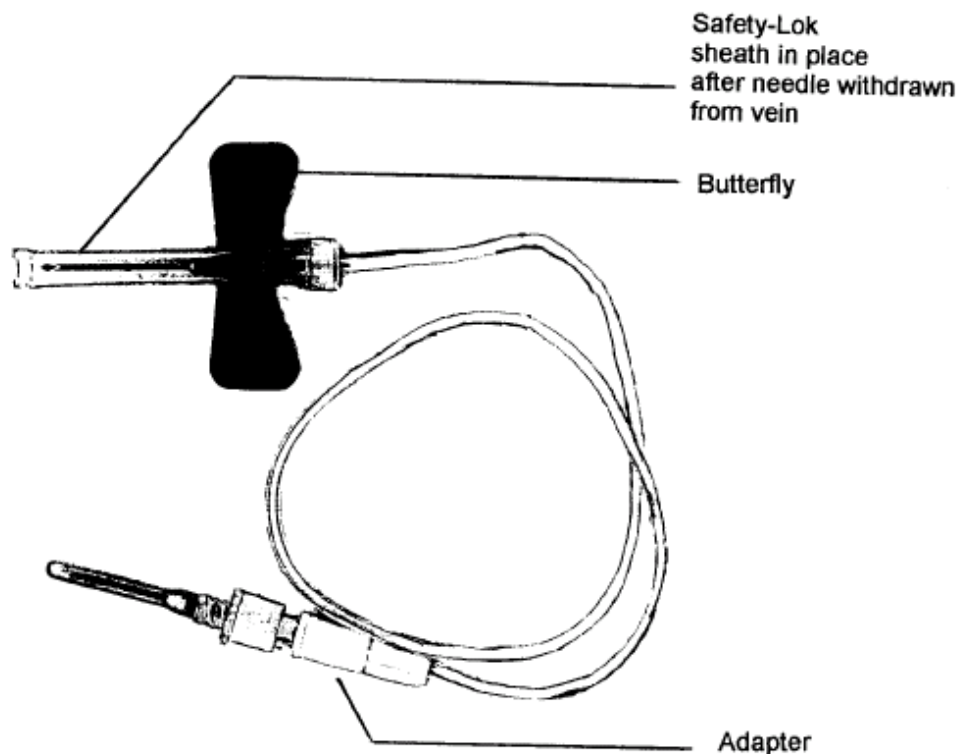
Vacutainer Brand Safety-Lok Blood Collection Set (Butterfly Set) Versus Vacutainer System

The Vacutainer Brand Safety-Lok Blood Collection Set (see diagram below) is suitable for small veins, fragile veins, and difficult veins therefore, is the set used for veins located in the hand and lower limb.

You are required to use this set for blood cultures.

Note: Vacutainer Brand Safety-lok Blood Collection sets are the only method used for neonates.

This set has a plastic sheath situated below the butterfly wings. When you remove the needle from the venipuncture site, you may use one hand to apply pressure to the site, while using the other hand to push the sheath up over the needle. It locks into place, covering the needle. This is a useful safety feature in preventing needle-stick injuries.



3.3 Application of a Tourniquet

To ensure that there is adequate distention of the selected vein, the nurse may apply a tourniquet or blood pressure cuff at least 7.5 to 10 cm (3 to 4 inches) above the chosen site.

- Apply the tourniquet lightly, to constrict **only** the venous return, while still maintaining the arterial flow to the area.
- Application for preliminary site location should not exceed one minute.
- Once the tourniquet has been applied, check for a pulse distal to it, thereby ensuring that arterial flow is present, and therefore, that it has not been applied too tightly. A loose tourniquet would be demonstrated by insufficient distention of the vein and the ability to insert more than 2 fingers under the tourniquet.
- You may also use a blood pressure cuff as a device to distend the vein. The necessary pressure varies with each patient. A cuff pressure above the patient's systolic pressure would impede the arterial flow. If the pressure is below the patient's diastolic pressure, venous flow will not be obstructed and therefore, vein distention will be unlikely. The ideal cuff pressure to ensure vein distention lies between the patient's systolic and diastolic pressures.
- Blood pressure cuffs are ideal for situations when discomfort is increased by using a tourniquet, i.e., for 'hairy' patients, edematous patients, and patients with fragile 'tissue-paper-like' skin.

Release the tourniquet as soon as possible after blood flow has been established. *Certain tests have specific requirements related to tourniquet use such as ionized calcium. Refer to the KGH Laboratory Users Handbook for further information.

Further Actions to Distend the Vein

Even with correct application of a tourniquet, some veins do not distend adequately or demonstrate a sufficient dimension to permit venipuncture. To ensure adequate distention of the vein, you may do one or more of the following:

Nursing Actions	Comments/Suggestions
Place the limb in a dependent position (below the level of the heart).	<ul style="list-style-type: none"> Do not do this if the limb is edematous.
Apply warm compresses (a warm towel or disposable heat pack, or immerse in warm water, or use infant warmer).	<ul style="list-style-type: none"> Cloth should not be warmed in the microwave as internal temperatures are not regulated. Cloth should extend to cover the palm of the hand where the heat loss occurs.
<p>Note: vein tapping is discouraged. Patient can form a fist but there should not be any vigorous hand exercise (i.e., fist pumping)</p>	

3.4 Performing Venipuncture

The nurse carries out the following actions:

Nursing Actions	Comments/Suggestions
1. Prepare equipment, blood tubes, specimen labels and requisitions.	<ul style="list-style-type: none"> • Check to ensure all addressograph labels/pre-printed patient labels and requisitions are legible, correct and complete. • Determine the times for timed bloodwork; note these on the patient care profile or as per individual unit method and in blood book, e.g., drug levels, glucose.
2. Complete an identity check, ensuring that the specimen labels and requisitions match the patient's identification bracelet.	<ul style="list-style-type: none"> • Assess the patient's status as blood should not be collected from an arm with a hemodialysis fistula, cannula or vascular graft. • Also the presence of sclerosis or inflammation, past history of mastectomy with or without lymph node removal or other diseases affecting local circulation or increasing the risk of infection or extensive scarring may contraindicate blood collection • DO NOT PERFORM PHLEBOTOMY ON ANY SIZE HEMATOMA
3. Position the patient comfortably, providing support for the arm. Wash hands. Glove	
4. After applying the tourniquet 7.5 to 10 cm (3 to 4 inches) above the selected site, palpate the vein, swab the site with 70% alcohol (or chlorhexidine 0.5% for neonates) and allow skin to dry before commencing.	<ul style="list-style-type: none"> • The nurse will wear clean examining gloves • Do not repalpate after cleaning. • If the vein must be touched again the site should be re-cleansed.

Nursing Actions	Comments/Suggestions
<p>5. To stabilize the vein, pull the skin taut over the vein with the thumb of your non-dominant hand.</p> <p>Hold the Vacutainer needle or vacutainer brand safety-lok blood collection set in your dominant hand with the bevel of the needle up.</p> <p>Position the blood tube in the Vacutainer holder (without puncturing the tip of the vacutainer needle).</p>	
<p>6. Insert the vacutainer needle or vacutainer brand safety-lok blood collection set. Blood return will be noted in the vacutainer safety-lok blood collection set upon vein access.</p>	<ul style="list-style-type: none"> • Insert the needle at an angle of insertion of 30 degrees or less.
<p>7. Push the first blood tube to the end of the Vacutainer holder until the needle punctures the tube.</p> <p>Release the tourniquet as soon as possible after blood flow has been established.</p> <p>Allow the tube to fill until the vacuum is exhausted and blood flow ceases.</p> <p>When blood flow ceases, hold vacutainer holder securely and remove/disconnect the tube.</p>	<ul style="list-style-type: none"> • If blood does not flow: • Tip the needle slightly to ensure that the opening is not occluded by the wall of the vein. • Withdraw the needle slightly as it may have been pushed too far. • Stroke the vein toward the needle as the vacuum in the tube may have caused collapse of the vein; OR • Check the vacuum by using another tube. • DO NOT REMOVE and then reuse the same tube, as the vacuum to produce suction will have been lost.

Nursing Actions	Comments/Suggestions
<p>8. Multiple tubes of blood need to be collected:</p> <ul style="list-style-type: none"> • Have all the tubes required easily available. *Refer to the Clinical Labs of KGH Order of Draw for Multiple Tubes Collections Information • Hold the Vacutainer securely to remove one tube and insert another one; and • Immediately after drawing a tube, gently mix by inversion 5 to 10 times to prevent clotting. • Do not mix vigorously. 	<ul style="list-style-type: none"> • Remember that vigorous mixing may cause hemolysis.
<p>9. Remove the last blood tube from the vacutainer before removing the needle from the vein.</p>	
<p>10. Remove the blood tube from the Vacutainer holder before removing the needle from the vein.</p>	
<p>11. Place 2x2 gauze or cotton ball gently over the site and remove the needle slowly.</p> <p>If using vacutainer needle system, dispose of needle directly into sharps container. If using the vacutainer brand safety-lok system activate the safety system and dispose of the needle into a sharps container.</p> <p>DO NOT RECAP NEEDLE.</p>	

Nursing Actions	Comments/Suggestions
<p>12. Apply pressure over the venipuncture site with a sterile 2x2. Instruct the patient to maintain this pressure for 3-5 minutes to prevent bleeding and sub-cutaneous hematoma.</p> <p>Apply bandaid to puncture site.</p>	<ul style="list-style-type: none"> • If the patient has a clotting disorder or is receiving anticoagulant therapy, ensure that pressure on the venipuncture site is maintained for a least 5 minutes. • Following antecubital fossa venipuncture, bending of the arm is not recommended as this can cause bleeding.
<p>13. Prepare requisitions and labels (refer to KGH Administrative Policy 20-045 Lab Specimen Requisitions and Labels).</p> <p>Label all tubes with patient-specific specimen labels.</p> <p>Initial all labels and write the time of collection.</p> <p>Indicate time of collection on requisitions and sign.</p> <p>Verify that patient information on tubes and requisitions match.</p>	

NOTE: When performing venipuncture if no success after two attempts, defer obtaining the blood sample to another authorized staff member. Subsequently there must be consideration as to whether appropriate venipuncture sites have been exhausted, and whether the physician should be notified before subjecting the patient to further attempts.

NOTE: For neonates, two NICU nurses may make a maximum of three attempts each to successfully perform venipuncture without notification of the physician. Also there must be consideration of whether IV sites are being exhausted. If access seems doubtful, the physician should be notified before the six attempts are complete.

3.5 Review of Safety Precautions

For all venipuncture procedures, use standard precautions to ensure the safety of the patient, the individual performing phlebotomy, and others in contact with the blood.

3.5.1 For Patient Safety

- Ensure that there is a physician's order to collect blood specimens, and check that the correct test is to be carried out on the correct patient at the correct time, with appropriate patient preparation (e.g., fasting) completed.
- Complete an identity check to ensure that the label and requisition match the patient's identification bracelet.
- Ensure that the site is cleansed prior to venipuncture. Both alcohol and povidone-iodine must be allowed to dry to be effective antiseptics. Venipuncture through wet alcohol causes stinging discomfort to the patient.
- Once cleansed, do not re-palpate the site, as this contaminates the venipuncture site and, in the case of blood cultures, can cause false contamination of the specimen.
- After needle removal, apply pressure over the venipuncture site for 3 - 5 minutes.

3.5.2 For Staff Safety

- Wash hands.
- Don gloves however; remember this will not protect you from needle sticks.
- Some individuals performing phlebotomy prefer to glove the non-dominant hand (that is, the hand that is used for clean-up of possible blood contaminated 2x2s).
- Do not recap the needle. All venipuncture trays should be equipped with a sharps disposal container.
- Bag all blood specimens prior to transportation to the laboratories, in order to confine possible blood spills.

COMPLICATIONS

Complications of venipuncture may include the following:

COMPLICATION	POSSIBLE CAUSE	NURSING INTERVENTIONS
Pain	<ul style="list-style-type: none"> improper technique puncture of artery nerve irritation 	<ul style="list-style-type: none"> Follow procedure. Palpate first. Reassure patient.
Hematoma	<ul style="list-style-type: none"> through vein wall inadequate pressure after needle removal 	<ul style="list-style-type: none"> Insert bevel up, with short thrust. Use proper technique.
Bleeding	<ul style="list-style-type: none"> inadequate hemostasis anticoagulant use 	<ul style="list-style-type: none"> Apply direct pressure to venipuncture site until bleeding stops.
Infection	<ul style="list-style-type: none"> contaminated equipment/fingers insufficient cleaning, without allowing anti-septic to dry 	<ul style="list-style-type: none"> Use aseptic technique. Do <u>not</u> re-palpate after cleaning. Allow alcohol or povidone-iodine (Betadine) to dry.
Phlebitis	<ul style="list-style-type: none"> see causes of infection frequent sampling from same site 	<ul style="list-style-type: none"> See infection interventions. Rotate sites. Avoid warm and reddened areas.
Thrombosis	<ul style="list-style-type: none"> frequent sampling from same site 	<ul style="list-style-type: none"> Rotate venipuncture sites. Avoid areas of bruising. Use proper technique.
Nerve Damage	<ul style="list-style-type: none"> hitting the nerve (normally found deep and near the arteries) 	<ul style="list-style-type: none"> Palpate first and appropriately choose veins.

5.0 REFERENCES

- CLSI (formerly NCCLS) Procedures for the Collection of Diagnostic Blood Specimens by Venipuncture: Approved Standard.
- Ernst, D., (1995). Flawless phlebotomy: Becoming a great collector. *American Journal of Nursing*, October. 54-57.
- Grant, (2003). The effect of blood drawing techniques and equipment on hemolysis of ED lab samples. *Journal of emergency nursing* 29 (2) 116-121
- KGH Clinical Laboratory Services Quality Operating Manual Doc #601, Ordering and Performance of Laboratory Tests on Patients.
- QMP-LS Ontario Laboratory Accreditation Requirements and Guidance Information.
- The Joanna Briggs Institute. (2005). Venipuncture. Accessed online on 2005 December 16 at http://www.joannabriggs.edu.au/cis/gu_srch_intrvnshn.php.
- WHO guidelines on drawing blood: best practices in phlebotomy (2010). Accessed on line February 14, 2010
http://whqlibdoc.who.int/publications/2010/9789241599221_eng.pdf

Nursing Policies and Procedures

In order to familiarize yourself further with the procedure of Venipuncture, please review Nursing Policy and Procedure B-4580 *Venipuncture for Obtaining a Blood Sample: Added Nursing Skill for Registered Nurses and Registered Practical Nurses* and B-4581 *Venipuncture for Obtaining a Blood Sample (Neonatal and Pediatric): AC for nurses RNs and RPNs*.

Delegated Controlled Act

In order to familiarize yourself further with the delegation of Phlebotomy, please review Delegated Controlled Act #12 *Phlebotomy*.

6.0 VENIPUNCTURE AUTHORIZATION TEST

Name: _____

Date: _____

Circle the letter before the phrase that best completes each of the following statements.

1. Veins differ from arteries in having
 - a. higher pressure, thicker walls, valves, no pulse
 - b. lower pressure, thinner walls, valves, no pulse
 - c. no pressure, thinner walls, no valves, no pulse
 - d. lower pressure, elastic walls, valves, pulse

2. Essential safety measures for the phlebotomist include
 1. wear gloves
 2. wear a mask if the patient is in isolation
 3. dispose of needles in sharps disposal container
 4. use a syringe to transfer blood to specimen containers
 5. wash hands
 6. avoid bagging specimens
 7. glove the dominant hand only
 8. bag all specimens for transport to laboratory
 - a. 1, 2, 5, 6
 - b. 1, 3, 5, 8
 - c. 2, 4, 5, 8
 - d. 3, 4, 7, 8

3. Essential measures to ensure patient safety include
 1. complete identity check
 2. cleanse site
 3. do not allow antiseptic to dry at site prior to needle insertion
 4. do not re-palpate site once cleaned
 5. insert needle at 80° angle
 6. remove tourniquet after removing the needle
 7. apply pressure to site after needle withdrawal
 8. use the same site whenever possible
 - a. 1, 3, 7, 8
 - b. 2, 4, 5, 6
 - c. 2, 5, 6, 7
 - d. 1, 2, 4, 7

4. You can tell that a tourniquet has been secured too tightly by
 - a. absence of pulse distal to tourniquet site
 - b. distention of vein at proposed site
 - c. cyanosis above and below tourniquet site

- d. collapse of vein at proposed site
5. Vein dilation may be achieved by all of the following except which of the following two (2):
- having patient open and close fist
 - lowering the level of the limb to below the heart
 - applying warm compresses
 - tapping the vein
6. Three potential complications of venipuncture are
- | | |
|------------------|-----------------------|
| 1. infection | 4. bleeding |
| 2. extravasation | 5. clotting |
| 3. pain | 6. low blood pressure |
- 1,2,5
 - 1,3,4
 - 2,3,6
 - 3,4,6
7. To prevent the development of hematoma, the individual authorized in phlebotomy will insert the needle
- with the bevel up
 - with the bevel down
 - parallel to the skin
 - with a rapid, deep thrust
8. To prevent the development of phlebitis, the individual authorized in phlebotomy will
- wear gloves
 - rotate sites
 - use a tourniquet
 - apply pressure following needle withdrawal
9. After the specimen has been taken
- apply moderate pressure on the needle site during withdrawal
 - remove the needle as quickly as possible
 - use a 2x2 to apply pressure to site after withdrawal
 - release tourniquet after needle withdrawal
10. If possible, when a patient has an intravenous (IV) running, where should you select a site for venipuncture?
- the opposite extremity
 - the same extremity above the IV site
 - dorsum of hand on same extremity
 - use the lower extremities

Mark: _____ / 10 = _____%

7.0 PERFORMANCE CHECKLIST (Authorization Record)

Name: _____

Successful completion requires 100% compliance with criteria.

	PERFORMANCE CRITERIA	#1	#2	#3
1.	Explains the procedure to the patient.			
2.	Identifies the patient: right patient for the right test.			
3.	Selects the most appropriate vein.			
4.	Selects and applies the tourniquet/BP cuff correctly.			
5.	Demonstrates knowledge of vein dilation methods and selects the most appropriate method.			
6.	Demonstrates the correct method of cleansing the site.			
7.	Demonstrates venipuncture successfully with: i] Vacutainer set or ii] vacutainer brand safety-lok blood collection set .			
8.	Demonstrates correct method of removing the needle and application of pressure.			
9.	Disposes of used supplies correctly.			
10.	Bags the blood specimen and ensures that the tubes and requisitions are labeled correctly.			

Please check off the following when completed:

- Learning Guide
- View Demonstration
- Authorization Test
- Inservice

If previously authorized:

- Authorization test
- One successful demonstration

Clinical Educator or Delegate:

i) _____ Date: _____

ii) _____ Date: _____

iii) _____

Date: _____

8.0 EVALUATION OF LEARNING GUIDE

Your feedback and comments are most appreciated.

Thank you for your time in responding to this questionnaire. It will help us in planning/ revising learning materials.

Circle appropriate response Strongly disagree Strongly agree

The content was relevant, clear and easy to understand. 1 2 3 4 5

Comment:

This guide will help me to meet the knowledge/skill requirements for performing venipuncture. 1 2 3 4 5

Comment:

Additional comments/suggestions:

**Please return completed evaluation to
Professional Practice-Nursing (Empire 2 #3-254).**