

## Blood sampling by venepuncture

### Standard

Every infant who experiences venepuncture will have the procedure carried out in a manner which minimises actual or potential trauma.

### Equipment

Disposable tray containing 70% Alcoholic 2% Chlorhexidine skin wipes, sterile 21g (green)/ 23g (blue) neo-safe needle, cotton wool, non-sterile gloves, paper towel and receptacle for blood sample (this depends on the reason for obtaining the sample - see note 1). Oral sucrose and syringe/dummy

### Procedure

- Cleanse hands according to NNU policy. Identify a vein for the site of insertion - dorsum of hands, dorsal arch of feet, outer aspect of ankle. Wherever possible try to avoid sites:
  - for future long line insertion (i.e. don't use long saphenous and antecubital fossa veins)
  - where there is bruising
  - where there is an IV/IA line already in situ
- Position the infant to promote his/her comfort during the procedure. Seek help from another person to give the sucrose/dummy and to comfort and contain baby.
- Clean the top of the IV trolley with detergent wipes to remove particulate matter. Then wipe with large alcohol wipe to decontaminate. Equipment is assembled and placed in an accessible position for carrying out the procedure. Open the lid of the 'Sharps' bin.
- Cleanse hands according to NNU policy.
- Apply gloves.
- Inspect site for venepuncture. Place paper towel in a position that protects bedding/clothing from blood spillage. While the procedure is not a sterile one every effort should be made to keep your work area clean and avoid touching key parts of the neo-safe needle or contaminating the venepuncture site.
- Ask the person supporting the baby to give oral sucrose/dummy and wait around two minutes before undertaking skin puncture.
- Wipe the skin with an alcohol/chlorhexidine swab and allow drying for 30 secs.
- Secure the limb using own fingers as a tourniquet.
- Anchor vein by applying manual traction on the infant's skin proximal to the anticipated site of puncture.
- Insert the needle with the bevel uppermost; a flashback of blood should be seen when the vein is punctured. **A maximum of 3 attempts is allowed; remember to offer more sucrose as required and per guideline.**
- The required amount of blood should drip from the needle into the sample container.
- Using a milking action may increase blood flow.
- Applying pressure over the bevel end of the needle will stop blood flow.
- Remove the needle and apply pressure to the puncture site with a cotton wool ball.
- Secure the lid onto the container and shake gently to ensure mixing with sample preservative.
  
- Observe puncture site for cessation of bleeding.
- Reposition infant comfortably.
- Dispose of sharps and waste material according to Trust Clinical Waste Policy.
- Label specimens correctly and complete appropriate forms.
- Record procedure in the relevant documentation as well as the use of non therapeutic analgesia. If appropriate to the sampling test, report abnormal findings to nurse/midwife in charge -see note 2.

### Potential complications:

Physiological instability, excessive bruising, haematoma formation, infection.

## Notes

1. This procedure is applicable in obtaining blood for glucose, blood gas and drug level estimation, screening tests. See guidelines for:
  - Use of the blood gas analyser
  - Dried blood spot screening
  - Routine blood testing
  - Serum drug monitoring
2. See guidelines for the management of hypoglycaemia and blood gas interpretation.