Appendix 2

The Hong Kong Phlebotomists Association

VENEPUNCTURE POLICY

(INCLUDING THE PROCEDURE FOR TAKING BLOOD CULTURES)

To be read in conjunction with the Blood Investigations Policy, Consent and Capacity to Consent to Treatment Policy, Identification of Patients Policy, Infection Prevention and Control Policy, Healthcare (Clinical Waste Policy, Needlestick and Contamination Injury Policy and Hand Hygiene Policy

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Ratified by:	Education Committee
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Title of originator/author:	Clinical Practice Team
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Relevant Staff Groups:	Registered nurses, doctors, health care assistants, phlebotomists, assistant practitioners

DOCUMENT CONTROL

Reference LB/Aug15/VP	**Version** 2	**Status** Final	**Author** Clinical Practice Team
Amendments	New Policy		
Document objectives: This document will ensure that Somerset Partnership NHS Foundation Trust staff complies with the standards set out in the document. The scope and purpose of this guidance is to articulate the process of safe, reliable and effective venepuncture (blood sampling)			
Intended recipients: All staff who perform venepuncture, all staff who manage staff who perform venepuncture			
Committee/Group consulted: Clinical Policy Review Group			
Monitoring arrangements and indicators: Monitoring will be undertaken locally by each team's line manager			
Training/Resource implications: - Training to be provided Learning and Developing Team and competency assessment by an appointed Registered Nurse who holds an NMC recognised Teaching and Assessing Qualification			
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Contact for review	Clinical Practice Team		
Lead Director	Director of Nursing and Patient Safety		

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TABLE OF CONTENT

1. INTRODUCTION

This policy is to ensure the safety of the patient and practitioner during venepuncture and to ensure there is standardised practice across Somerset Partnership Foundation Trust

Venepuncture is the most common invasive procedure undertaken in the hospital and community settings, for which the practitioner must be suitably trained and competent to perform.

Venepuncture breaches the circulatory system, therefore standard infection control measures must be adhered to by all staff to minimise the risk of injury and/or infection to both patient and staff when undertaking this procedure.

2. PURPOSE AND SCOPE

2.1 This policy details the procedures and governance arrangements for performing safe and reliable venepuncture and the taking of blood cultures using the vacutainer system throughout Somerset Partnership NHS Foundation Trust.

2.2 This guidance's purpose is to set the highest standards and promote best practice in relation to venepuncture,

2.3 Users of this guidance must ensure they read and comply with the Trust's Policies relating to Blood Investigations, Consent and Capacity to consent to Treatment, Identification of Patients, Infection Prevention and Control, Disposal of Clinical Waste, Needlestick and Contamination Injury and Hand Hygiene.

2.4 This policy applies to all staff (including temporary and agency staff) employed by Somerset Partnership NHS Foundation Trust, who are deemed competent and confident to undertake this procedure.

2.5 **Blood sampling for the blood transfusion process must only be carried out by practitioners who have received up to date training and has been deemed competent in the blood transfusion process.**

3. DUTIES AND RESPONSIBILITY

3.1 The **Board, via the Chief Executive** is responsible for ensuring the HKPIVA has a policy to promote safe and best practice in relation to venipuncture and there are effective and adequately resourced arrangements for the fulfilment these policy requirements.

3.2 The **Director of Nursing and Patient Safety** is responsible for overseeing the local control of and the implementation of the venipuncture policy

3.3 The **Clinical Practice Team** is responsible for ensuring there is defined process for training and competency assessment relating to venepuncture within the Trust.

3.4 The **Learning and Development Team** is responsible for provision of Trust training programmes and maintaining the electronic staff record of training.

3.5 **Ward Managers and Team Leaders** are responsible for ensuring that staff who undertake venipuncture are competent and compliant with the policy.

3.6 **All registered phlebotomists undertaking venipuncture** are required to adhere to this policy

4. EXPLANTION OF TERMS USED

Venipuncture – is the introduction of a needle into a vein to obtain a blood sample for haematological, biochemical or bacterial analysis

BD Vacutainer system (copyright) - a closed sterile vacuumed system

5. POLICY – VENIPUNCTURE

5.1 Reasons for Venipuncture

Venipuncture is carried out for the following;

- To obtain a blood sample for diagnostic purpose
- To establish and monitor levels of medication
- To monitor response to medical treatment and intervention
- To screen for infection
- To obtain a sample for the blood transfusion process (group and save and cross match

5.2 Infection Control

Hand Washing
Hand washing is an important procedure for preventing the spread of healthcare associated infection. Good hand hygiene technique and practice is a simple and effective way of preventing cross infection between patients, and between healthcare workers and patients. Please follow the technique as stated in the Hand Hygiene Policy. Staff must wash their hands before carrying out a venipuncture procedure and after removal of gloves.

Personal Protective Equipment - PPE
Single use latex free non sterile gloves and a disposable plastic apron should always be worn when performing venipuncture. These must be changed between patients.

Disposal of Sharps
Sharps should be disposed of in an appropriate sharps container (at the point of care) that is correctly assembled. Please refer to the Needle stick and Contamination Injury Policy.

5.3. Request Form Completion

Request forms must be fully completed and signed by the requesting medical practitioner or nurse practitioner/team leader.
The request forms must have the following patient/client identifiers before venipuncture is performed:

- Location at time of request
- Consultant/GP
- Patient forename and surname
- Date of birth
- Full patient address
- Hospital/NHS number
- Clear indication of what blood samples are requested

5.4. Patient Identification

The following procedure MUST be adhered to before blood samples are taken:

When taking samples for a blood transfusion, staff must adhere to the Blood Transfusion Policy.

The practitioner must confirm the patient's/client's identity verbally and by using the patient identity band (in-patients only), or other Trust approved process of identification within local area. The following should be confirmed (without prompting):

- Surname
- Forename
- Date of birth
- 1st line of address
- NHS number (where this is available)

Where the patient/client is confused or unable to communicate, confirmation of patient/client details should be made with their next of kin or identified carer.

Please refer to the Patient Identification Policy and the policy for Consent and capacity to Consent for more information.

5.5 Preparation and assessment of the patient

The patient must be positioned so they are comfortable and safe from falling particularly if they are prone to fainting.

Visual inspection and palpation should be used to choose the most appropriate vein. Veins in the hands should be avoided where possible; (Review both sites if applicable).

The superficial veins of the upper arm particularly those in the antecubital fossa, are most commonly chosen for venepuncture. These veins are more easily accessible ensuring the procedure can be performed safely and with minimal discomfort

- The median cubital vein
- The cephalic vein
- The basilica vein

The practitioner must avoid using;

- Veins that are hard, fibrosed or thrombosed or veins that are close to sites where there is infection, bruising or phlebitis
- Sites that are edematous, or have had repeated venipuncture or cannulation
- Close to peripheral infusion of fluids or medication (See special considerations 5.7)
- Sites which may have been affected by injury (amputation, burns), disease (stroke, mastectomy, lymphedema) or treatment (fistulae for haemofiltration for dialysis)

5.6 Preparation of Equipment

See Appendix A for the equipment needed for venipuncture.

The practitioner must check expiry dates of the blood sample tubes before they are used.

Blood bottles must never be pre labelled. They must be labelled after the blood has been collected. Blood samples for transfusion must be labelled by hand. (See section 8)

Blood must be collected in the correct order of draw as this can affect the results if incorrectly taken (see Appendices B and C). An adequate amount of blood must be obtained for the laboratory test to be carried out. If an insufficient sample is sent the test may not be able to be processed.

5.7. Special Considerations

Infusion lines in situ

In normal circumstances, a blood sample should not be taken from the same site as an infusion line. This should only be done in extreme circumstances. However If there is no alternative, the sample must be taken distally to the infusion site if at all possible, ideally after the infusion has been stopped for more than 30 minutes. This decision can only be made by the nurse in charge. Under no circumstances should an unregistered staff member alter or disconnect an intravenous infusion line.

Use of Butterfly

Winged infusion devices, for example a “Butterfly needle” with a vacutainer end may be considered for patients with difficult, small or fragile veins. When using a winged blood collection set for venipuncture a discard tube should be drawn first. The discard tube must be used to fill the blood collection set tubing’s “dead space” with blood but the discard tube does not need to be completely filled.

Unsuccessful venipuncture

If two unsuccessful attempts at venipuncture have been made by one person, a further two attempts should be carried out by a second person, if the patient is consenting. However if venipuncture remains unsuccessful, the requesting practitioner must be contacted.

6. TRAINING AND ASSESSMENT OF COMPETENCE

All staff who are to undertake this procedure must complete the Trust venipuncture training programme. Once staff have attended training they must undertake a period of supervised practice before being assessed for competence.

Competency assessment may be undertaken by any person who:

- holds a recognized teaching and assessing qualification
- is a registered health care professional
- is confident and competent in performing the skill
- practices the skill regularly
- has sound knowledge of the relevant policies and procedure

In order to carry out venipuncture safely, the professional must have a basic knowledge and understanding of ;

- The anatomy and physiology of the veins of the arm and hand
- An understanding of how to choose which vein and device to use

- The potential problems that may occur and how to prevent, lessen or manage them
- Health and safety
- Correct disposal of equipment

All training and competency records must be reviewed at appraisal. Records must be maintained by the individual and the Department Manager. This must include a record of how often this skill has been used in practice.

All staff should have access to further update training if it is required to enable them to continue to practice competently. This should be considered after periods of extended absence through sickness or maternity leave or where lack of administration opportunities has compromised potential competence.

Bank and agency staff who can provide written evidence of training and competency may undertake venipuncture

Training and competency from previous NHS employers will be accepted so long as it is evidenced. Practice must be recent and the employee must familiarize themselves with Trust policy and protocols prior to undertaking the skill.

All registered phlebotomists are responsible and accountable for their own practice and must work within their own sphere of competency under the HKPIVA.

7. CAPACITY AND CONSENT

All staff undertaking venipuncture must ensure their practice is in line with the HKPIVA Policy.

Staff should ensure the patient is able to understand the information given to them and are able to give their informed consent. This may necessitate the use of a professional interpreter and the translation of written information.

A capacity assessment should be considered for those patients who are unable to consent to the procedure and reference should be made to the Consent and Capacity to Consent to Treatment Policy.

8. DOCUMENTATION

Labelling blood bottles

The sample bottles must be labelled whilst the practitioner is still with the patient.

Patient labels may be used to label blood bottles, **except for samples taken for group and save and crossmatch**. Labels for group and save and crossmatch must be hand written.

Patient Record

All evidence relating to consent, discussion, advice and explanation must be documented in the patient's electronic record.

9. MONITORING OF COMPLIANCE AND EFFECTIVENESS

Any clinical incidents, patient complaints and patient feedback related to venepuncture will be monitored by the individual practitioner's line manager, and reported through the relevant Best Practice Group.

10. EQUALITY IMPACT ASSESSMENT

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

11. COUNTER FRAUD

To reduce fraud to a minimum, keep it at that level and put funds stolen by fraud, back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

12. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

12.1 **the fundamental standards** which inform this procedural document, are set out in the following regulations:

Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 12:	Safe care and treatment
Regulation 15:	Premises and equipment
Regulation 16:	Receiving and acting on complaints
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour
Regulation 20A:	Requirement as to display of performance assessments.

12.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 18:	Notification of other incidents

13. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

References

Dougherty L., Lister.S (2015), *The Royal Marsden Hospital Manual of Clinical Nursing Procedures,* 8th Ed Chapter 11, 623 - 633

Lavery I, Ingram (2005), Venepuncture, Best Practice. *Nursing Standard*. Vol 19 55 – 65

Higgins D (2004), Venepuncture, Practical Procedures. *Nursing Times* Vol 100, 39

BD Diagnostics (2010) Order of Draw www.bd.com/vacutainer/pdfs

Nottingham University Hospitals NHS Trust, (2013) Clinical Guidelines/ Nursing, Guideline for Venepuncture Using the Vacutainer System

Royal College of Nursing (2010), Standards for Infusion Therapy Chapter 8, 58 - 59

Vacutainer System Order of Draw BD Diagnostics Preanalytical System 2013

http://intranet.tsft.nhs.uk/portals/pathology/Pathology/Tube Guide.pdf

Order of Draw reproduced with kind Permission from the Transfusion Practitioner at Royal United Hospital Trust – Bath, June 2015

14 APPENDICES

14.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

Appendix A	Procedural Guidelines
Appendix B	Order of Draw – Southwest Pathology Service
Appendix C	Order of Draw – Royal United Hospitals Bath
Appendix D	Venepuncture Challenges
Appendix E	Procedure for Taking Blood Cultures

APPENDIX A

PROCEDURE GUIDELINE – VENEPUNCTURE

Essential Equipment

Clean tray
Tourniquet (single patient use)
Sample needle or butterfly needle (ensure vacuumed/ vacutainer end)
Plastic tube holder
Appropriate specimen bottles (check expiry date)
Cleaning swab (2% chlorhexidine in 70% alcohol)
Gauze (not cotton wool)
Sterile plaster or hypoallergenic tape
Specimen request form
Non sterile gloves
Sharps bin
Apron (optional)

Action	**Rationale**
Approach the patient in a confident manner and give full explanation regarding the procedure	To ensure the patient understands the procedure and gives valid consent (NMC 2015)
Allow the patient to ask any questions and discuss previous problems that may have arisen	Reduces the risks associated with anxiety
Check for any allergies, clinical history	Acquaint the nurse with the patient, identify any clinical concerns or issues and to prevent allergic reaction
Check the patient's identity (use positive patient identity), check against identity bracelet and/ or request form	To ensure the sample is taken from the correct patient (NPSA 2007 RCN 2010)
Assemble all equipment, check packaging for sterility, expiry dates	To ensure the procedure is carried out smoothly
Wash hands as per hand hygiene policy	To minimise risk of infection
Support the patient's chosen arm on a pillow	To ensure comfort and allows access to chosen vein
Apply tourniquet to upper arm on chosen side (if the radial artery cannot be felt the tourniquet is too tight)	Dilates the vein by preventing venous return
Consider using a butterfly needle if venous access is difficult	To improve the chance of successful venepuncture
Select vein	
Release tourniquet	To ensure patient comfort and damage by prolonged time
Select appropriate needle	By assessing veins and listening to patient's previous history

Rewash hands/ alcohol rub	To maintain asepsis and reducing risk of infection
Reapply tourniquet	As before
Put on non sterile gloves	To prevent cross infection/ contamination
Clean the patient's skin for 30 seconds with a 2% chlorhexidine and 70% alcohol swab and allow to dry, do not repalpate the area/ vein after cleaning	To minimise risk of infection
Remove the cover from the needle and inspect	Looking for faults with the needle that could cause damage to the vein
Anchor the vein by applying traction below the proposed entry site	To immobilise the vein, which will aid smoother entry
Insert the needle smoothly at an approximate 30^{o} angle (this will depend on the size and depth of the vein) needle bevel uppermost	To aid smooth pain free entry
Reduce the angle of decent, as soon as flashback is seen with a butterfly needle, or when the puncture of the vein wall is felt	To prevent advancing too far and damaging the vein
Advance the needle into the vein if able	To stabilise and prevent it being dislodge during withdrawal of blood
Do not exert pressure on the needle	To prevent damage to the vein wall or puncturing
Using the bottles in the correct order of draw (Appendix C) withdraw the required amount of blood	To minimise risk of transferring additives from one tube to another
Release the tourniquet as the final bottle is filling When taking samples for calcium, the tourniquet must be released prior to taking sample	To decease pressure in veins and prevent haematoma
Remove final tube from holder	Prevent spillage caused by vacuum in tube
Taking a swab in the other hand, carefully remove needle and place swab over puncture site. Be careful not to put pressure over site until needle is fully removed	To apply pressure, prevent pain and damage to vein
Activate safety needle and discard immediately in sharps bin	As per policy
Apply firm pressure over site until bleeding has stopped	To prevent leakage and formation of haematoma
Invert all tubes, approx. 6 times	To mix with additives
Label the bottles accurately at the patient's bedside or whilst still with the patient	To ensure specimens from right patient (NPSA, NHS BT, NMC, RCN)
Inspect puncture site and apply dressing	To ensure site has sealed and no bleeding observed

Ensure patient is comfortable	To ensure the patient is ready to leave or whether further measures are required prior to practitioner leaving.
Dispose of sharps	Follow Trust policy to prevent sharps injury
Documentation	As per policy to ensure up to date records are kept for the patient
Transportation of specimens	To ensure specimens reach the correct destination

BD Vacutainer®

BD Diagnostics - Preanalytical Systems

Tube Guide & Recommended Order of Draw*

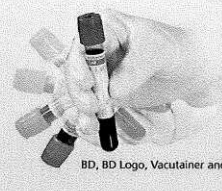
* Clinical and Laboratory Standards Institute (Formerly NCCLS) Guidelines H4-A6, 6th Edition

Southwest Pathology Services (Adult tubes only)

Blood samples should be taken in the following order:

Cap Colour	Cat. No.	Additive	Determinations	Special Instructions
		Blood Culture	Aerobic followed by Anaerobic - if insufficient blood for both culture bottles, use Aerobic bottle only.	
	Cat. No. 363095 Draw Volume 2.7ml	Citrate	INR APTT, All Coagulation Investigations, Clotting Screen.	Must be filled to the correct level (Top of label) underfilled tubes will be rejected. Small paediatric tubes on request for known difficult venepuncture patients. Mix 3-4 Times
	Cat. No. 368975 Draw Volume 4ml	Serum	Viral / Bacterial Serology, Paul Bunnell.	Mix 5-6 Times
	Cat. No. 367956 Draw Volume 3.5ml	SST™ II	CRP, Routine Biochemistry (eg Urea, LFT's, Electrolytes, Creatinine etc) B12, Ferritin, Autoimmune Profile (AIP) Troponin Extra, Gent, Vanc.	SPS may require an extra tube for multiple requests. Mix 5-6 Times
	Cat. No. 367883 Draw Volume 4ml	Lithium Heparin	Cytogenetics & Chromosones.	Use special form. EDTA x 2 for DNA Studies. Mix 8-10 Times
	Cat. No. 368860 Draw Volume 4ml	EDTA	Full blood count, ESR, Retics, Lymphocyte cell markers, HB Electrophorosis, Glycated HB (HbA1c), Lead.	Mix 8-10 Times
	Cat. No. 367941 Draw Volume 6ml	Cross Match	For all Crossmatching, Group and Save (See blood transfusion policy) Antenatal Serology and Direct Coombs.	Full patient identification and doctor or authorised person signature required for cross matching and group and save. Adhesive labels must not be used on the sample tube. Mix 8-10 Times
	Cat. No. 367934 Draw Volume 2ml	Fluoride Oxalate	Glucose, Ethanol Lactate.	Mix 8-10 Times
	Cat. No. 368380 Draw Volume 6ml	Trace Element	Zinc.	For other tests please contact relevant department for guidance. Contact numbers are on the reverse of the request form. Mix 8-10 Times

For further copies of this guide and questions regarding specific tests, please contact the main Pathology Laboratory.



IMPORTANT MIXING GUIDELINES Mix 8-10 Times

All BD Vacutainer® tubes require immediate mixing following collection. Insufficient mixing can result in inaccurate test results and the need to re-draw. Correct mixing technique is to invert each tube by the recommended number of times shown on the right hand side of the table.

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BD Diagnostics - Preanalytical Systems

Tube Guide & Recommended Order of Draw*

* Clinical and Laboratory Standards Institute (Formerly NCCLS) Guidelines H3-A6, 6th Edition

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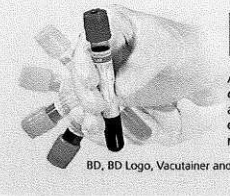
Blood samples should be taken in the following order:

Cap Colour	Cat. No.	Additive	Determinations
	Cat. No. 259789 / 259780	Blood Culture	Aerobic followed by anaerobic - if insufficient blood for both culture bottles, use aerobic bottle only.
	Cat. No. 363095 Draw Volume 2.7ml	Sodium Citrate	**Haematology:** All coagulation requests including Thrombophilia. Mix 3-4 Times
	Cat. No. 367954 / 367956 Draw Volume 5ml	SST™ II	**Haematology:** Infectious Mononeucleosis. **Immunology:** All Immunology requests (except HLA typing & Cell Markers, CD4, CD8) **Chemistry:** All routine Biochemistry tests on serum (except glucose and HbA1C), Vit B12, Ferritin **Microbiology:** CMV, PCR, HIV viral load, meningicocci PCR. Mix 5-6 Times
	Cat. No. 368380 Draw Volume 7ml	Sodium Heparin	Trace Elements. Mix 8-10 Times
	Cat. No. 367885 Draw Volume 6ml	Lithium Heparin	Galactose - 1 - PO4 Chromosomes Study CMV antigenemia. Mix 8-10 Times
	Cat. No. 367375 Draw Volume 4.5ml	PST™ II	A&E and ITU USE ONLY. Mix 8-10 Times
	Cat. No. 367839 Draw Volume 3ml	EDTA	**Immunology:** HLA Typing, Cell Markers, CD4/CD8. **Haematology:** FBC, Platelets, Retics, Plasma Viscosity, Haemoglobinopathy, Malarial Parasites, HbA1C, Haemolysis Screen **Chemistry:** Ammonia, CarboxyHb, Lead, Porphyrin, Red Cell Transetolase, , Cyclosporin. **Microbiology:** CMV PCR, HIV viral load, Meningicocci PCR. Mix 8-10 Times
	Cat. No. 367941 Draw Volume 6ml	EDTA Cross Match	Cross Match / Save Serum, Blood Groups, irreg. Antibody Screens, Direct Coombs Test. Mix 8-10 Times
	Cat. No. 368920 Draw Volume 2ml	Fluoride Oxalate	Glucose, Alcohol, Lactate. Mix 8-10 Times

ANY TESTS NOT LISTED, PLEASE REFER TO THE PATHOLOGY WEBSITE, OR CONTACT THE LABORATORY.



IMPORTANT MIXING GUIDELINES Mix 8-10 Times

All BD Vacutainer® tubes require immediate mixing following collection. Insufficient mixing can result in inaccurate test results and the need to re-draw. Correct mixing technique is to invert each tube by the recommended number of times shown on the right hand side of the table.

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APPENDIX D

Venepuncture challenges

Accidental damage – Although rare, the nerve, artery or tendon may be punctured. This can cause pain, damage or excessive bleeding. This can be reduced by spending time ensuring the vein is identified before cleaning and commencing the procedure. Should this occur, stop, apply pressure, reassure the patient, obtain help from a second colleague if required, document in the patient's electronic records and submit a Datix.

Haematoma - The most common complication arising from venepuncture. Causative factors are generally, poor technique, failure to release the tourniquet before removing the needle, inadequate pressure on the site after the needle has been removed, especially in patients receiving anticoagulation therapy. If the patient bends their arm up following the procedure, this may also lead to extensive bruising; encourage keeping arm straight and applying direct pressure.

Poor venous access - Application of the tourniquet can promote venous distention. Opening and closing the fist can help by causing muscle contraction to force blood into the veins and distention. Lowering the arm below the level of the heart may also help. Vasodilation can be encouraged by application of a warm pack or immersion of the arm into warm water. Stroking the vein (rather than tapping) can also help with vasodilation (but always clean the skin afterwards).

Spurt of blood observed on entry, bevel tip of needle enters vein before fully inserted, do not withdraw needle, continue, and reassure patient, clean blood away on completion and removal of needle

APPENDIX E

PROCEDURE GUIDELINE – BLOOD CULTURES

This procedure should be undertaken following an aseptic non touch technique to prevent contamination of the sample.

Blood cultures should be the first of the patient's samples, to prevent contamination.

Equipment

Action	Rationale
Remove tops from bottles and place at the side of them as they will be required later. The tops of the bottles should then be cleaned using a 2% chlorhexidine in 70% alcohol swab and allowed to dry. Bottles should be stood on a sterile field.	To prevent contamination of the sample.
Clean the patient's skin with a 2% chlorhexidine in 70% alcohol swab and allow to dry. **Do not repalpate the area.**	To minimise the risk of contamination
20mls of blood should be taken from the patient using a sterile syringe and needle	To ensure adequate sample for testing
Discard the needle into a sharps bin and replace with a fresh sterile bin	To reduce the risk of needlestick injury and reduce risk of contamination of sample
10mls of blood should be put into one of the blood culture bottles. Discard the needle into a sharps bin and replace with the 3rd sterile needle. Repeat the procedure with the second blood culture bottle.	
Once the blood has been transferred into the blood culture bottles, the syringe should be put into the sharps bin	To minimise the risk of infection
The original tops should be placed onto the blood culture bottles and these should be secured with tape	To minimise the risk of contamination of the samples
Blood culture bottles should be labelled with the patient's details in front of the patient and placed into the specimen bag. High risk blood samples should be placed in a biohazard bag. Care should	To ensure sample correctly identified and reduce risk of contamination/infection

be taken not to disturb or damage the bar code label.	
Record the procedure with indication for culture, time and site of venepuncture and any complications in the patient's records	
Follow local procedure for collection and transportation of samples	To ensure samples reach their destination in a timely manner

Two blood culture bottles (aerobic with media containing antibiotic neutralising carbon – pale blue top – and standard anaerobic – purple top).

Ascertain source of bottles and check expiry date prior to use.

20 ml sterile syringe

3 sterile needles

Tourniquet

Sterile field

Protective equipment

Sterile plaster or hypoallergenic tape

2% chlorhexidine in 70% alcohol swabs

Ensure the patient has a correctly completed request form requesting blood cultures.

The procedure for venepuncture should be followed.

In preparing the equipment, blood cultures require two large glass blood culture bottles, with a purple and a blue top.