

CVAD Blood Draw Checklist for Students

Critical Reminders

- Do NOT delegate to UAP
 - Requires a provider order or agency protocol
 - Follow CDC guidelines: One syringe, one access, one time
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Step 1: Verify Orders

- Confirm provider order or institutional protocol
 -  *Rationale: Ensures patient safety and legal compliance*
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Step 2: Gather Supplies & Prepare Workspace

- 10 mL syringes
- Blood specimen tubes
- 3 prefilled 10 mL sodium chloride syringes
- Antiseptic cap
- Alcohol swabs (single-use only)
- Patient labels for tubes
- 2 biohazard bags
- Blunt fill needle for transferring blood
 -  *Rationale: Proper equipment ensures aseptic technique and accurate results*

 Never use syringes smaller than 10 mL to flush—risk of lumen damage or thrombus dislodgement

Step 3: Follow Universal Competencies

- Introduce yourself
 - Perform hand hygiene
 - Identify patient using two identifiers
 - Educate patient about the procedure
 - 💡 *Rationale: Builds trust and ensures informed consent*
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✅ Step 4: Draw Blood

1. **Stop any IV infusion for 2 minutes**
 - **NOTE: Heparin pause for 10 minutes**
2. **Hand hygiene + clean gloves**
3. **Remove antiseptic cap and allow port to dry**
4. **Scrub needleless “Scrub The Hub” connector with alcohol pad for 15 seconds (twist + friction), allow to dry**
5. **Attach prefilled 10 mL sodium chloride syringe (air purged)**
 - Aspirate for blood return
 - Flush with 3–5 mL sodium chloride
6. **Without disconnecting, aspirate 3–5 mL of blood and discard**
7. **Attach sterile empty 10 mL syringe or vacutainer holder and collect specimen**
8. **Transfer blood to tubes using blunt fill needle**
9. **Follow correct order of draw** 💡 *Rationale: Prevents contamination, hemolysis, and ensures accurate lab results*

💡 Tips:

- Use distal port when possible
 - Let blood run down tube wall to reduce hemolysis
 - Scrub access port between every syringe change
 - Always purge air from syringes to prevent air embolism
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✔ Step 5: Complete the Procedure

- **Flush catheter with 19 mL sodium chloride using pulsing technique**
 - **Scrub needleless “Scrub The Hub” connector with alcohol pad for 15 seconds (twist + friction), allow to dry**
 - Flush full 10 mL from first syringe
 - **Scrub needleless “Scrub The Hub” connector with alcohol pad for 15 seconds (twist + friction), allow to dry**
 - Flush only 9 mL from second syringe
 - **Clamp lumen and apply antiseptic cap**
 - **Label tubes in patient’s presence**
 - **DO NOT** shake tubes, roate/invert to mix additives with blood samples
 - **Place samples in biohazard bags**
 - **Dispose of used supplies properly**
 - **ALL** syringes go into sharps bin
 - **Perform hand hygiene**
 - **Document procedure and patient response** 🧠 *Rationale: Maintains sterility, ensures traceability, and supports continuity of care*
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Peripheral Vein Blood Draw Checklist for Students

Procedure Overview

Insertion of a needle into a peripheral vein and aspiration of blood into a collection device to obtain a specimen for testing.

Critical Elements

- **Do NOT delegate to UAP**
 - **Requires provider order or agency protocol**
 - **Follow Universal Competencies**
 - **Use aseptic technique throughout**
 - **ALWAYS use safety devices**
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Supplies Needed

- Needle with safety device
 - Collection device (Syringe / Butterfly / Vacu-holder™)
 - Blood specimen tubes
 - Alcohol pad or chlorhexidine
 - NOTE: Chlorhexidine is CMC policy for blood draws
 - Some facilities may still utilize alcohol
 - Tourniquet
 - Elastic self-adhering wrap
 - Cotton balls
 - Patient labels for tubes
 - Biohazard bags
 - Sharps container
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✔ Step-by-Step Procedure

Step 1: Verify Orders

- Confirm provider order or institutional protocol
Rationale: Ensures legal compliance and patient safety
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Step 2: Prepare Workspace & Gather Supplies

- Assemble all listed supplies
 - Ensure workspace is clean and organized
Rationale: Promotes efficiency and reduces contamination risk
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Step 3: Follow Universal Competencies

- Introduce yourself
 - Perform hand hygiene
 - Identify patient using two identifiers
 - Educate patient about the procedure
Rationale: Builds trust and ensures informed consent
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Step 4: Draw Blood

1. Don clean gloves
2. Apply tourniquet 2–4 inches above chosen site
3. Select vein (typically median antecubital)
4. Clean skin with alcohol or chlorhexidine, allow to dry
 - *Drying ensures bactericidal effect*
5. Anchor vein and insert needle bevel up at 15–30° angle

6. Collect specimen following correct order of draw
 7. Release tourniquet before removing needle
 - *Prevents erroneous results and reduces risk of hematoma*
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Step 5: Complete the Job

- Place cotton ball over puncture site
 - Apply gentle pressure, remove needle, achieve hemostasis
 - Instruct patient not to bend elbow
 - *Prevents bleeding or hematoma*
 - Wrap site with elastic self-adhering wrap
 - Tilt tubes with additives to mix blood properly
 - *Prevents hemolysis and clotting*
 - Label tubes in patient's presence
 - If using Vacu-holder™, remove vacutainer before removing needle
 - Place specimens in biohazard bag
 - Dispose of sharps in container
 - Discard other contaminated supplies
 - Perform hand hygiene
 - Document procedure and patient response
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