

Blood Specimen Collection: Venipuncture (Pediatric) – CE

CHECKLIST

S = Satisfactory U = Unsatisfactory NP = Not Performed

Step	S	U	NP	Comments
Performed hand hygiene before patient contact and donned PPE as indicated for needed isolation precautions.				
Introduced self to the patient and family.				
Verified the correct patient using two identifiers.				
Assessed the patient’s developmental level and ability to interact.				
Assessed the patient’s history of similar procedures, the ability to tolerate the procedure, and the use of effective coping strategies. Determined whether the patient had benefitted from the use of topical analgesia in the past and used a topical or local anesthetic, if appropriate.				
Assessed the patient for conditions that could be aggravated or disrupted by venipuncture.				
Determined the patient’s history of injury and infection; assessed the patient for contraindicated venipuncture sites because of a hematoma, IV line, a Blalock-Taussig or hemodialysis shunt, or renal grafts and fistulas in the extremities.				
Determined if the patient had infusions via peripheral or central access.				
Identified fasting restrictions for the ordered laboratory tests.				
Reviewed the patient’s medication history.				
Assessed the patient’s hydration and perfusion status.				
Determined the patient’s desire for the family to be present during the procedure.				
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Determined the patient’s ability to cooperate during the procedure.				
If time permitted, engaged a child life specialist to prepare the patient for the procedure.				

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Obtained the patient’s weight in kilograms.				
Verified the practitioner’s orders.				
Identified the minimum blood volumes required for specimen collection.				
Identified any special requirements regarding laboratory specimens.				
Collected and assembled the equipment and supplies for the procedure. Used small-volume syringes.				
If using a topical anesthetic cream, donned gloves and applied it as ordered and per the manufacturer’s instructions. Covered the cream with a transparent semipermeable dressing or applied a topical anesthetic patch.				
Discarded supplies, removed gloves (if worn), and performed hand hygiene.				
Explained the procedure to the patient and family and ensured that the patient agreed to treatment.				
Provided privacy for the patient or used a designated treatment area.				
Ensured adequate lighting. If necessary, planned to use a transilluminator or vein-finding ultrasound.				
If a topical anesthetic was used, ensured that it was on the skin for the appropriate length of time per the manufacturer’s recommendations. Donned gloves and removed the topical anesthetic from the skin completely after the allotted time. If a topical anesthetic was not used, used oral sucrose in infants younger than 6 months old if necessary.				
Discarded supplies, removed gloves (if worn), and performed hand hygiene.				
Identified an appropriate venipuncture site.				
Ensured that the site was warm and well perfused. If necessary, applied an				

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organization-approved hot pack or warm compress.				
With the help of another health care team member or a family member, positioned the patient based on his or her age and developmental level. Used distraction techniques for pain reduction, as developmentally appropriate. Did not offer a bottle to an infant during the procedure.				
Performed hand hygiene and donned gloves and appropriate PPE based on the patient’s signs and symptoms and indications for isolation precautions.				
If unable to observe or palpate a vein, applied a tourniquet a few inches above one of the selected venipuncture sites. Avoided using a tourniquet, or if one was required, limited the time of use to less than 1 minute.				
1. Palpated the venipuncture site.				
2. Prepared the venipuncture site.				
a. If the skin needed cleansing, used soap and water first, then allowed to dry completely.				
b. Used an organization-approved antiseptic for routine venipuncture. Used chlorhexidine cautiously.				
c. If using 70% alcohol, allowed it to dry completely.				
d. ii. If using greater than 0.5% chlorhexidine in alcohol solution, used a back-and-forth motion for a minimum of 30 seconds, and allowed to dry completely.				
e. If chlorhexidine was contraindicated, used tincture of iodine or an iodophor. Allowed iodophors to dry a minimum of 90 to 120 seconds.				

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f. When using povidone-iodine for patients with compromised skin integrity, allowed it to dry completely and then removed it after the specimen collection is completed and the needle is removed with 0.9% sodium chloride solution or sterile water.				
3. Did not touch the site after preparation.				
If using a butterfly needle, held it by the wings. Entered the vein at a slight angle from the arm with the bevel facing upward just distal to the exact site selected for vein penetration and looked for blood return.				
While applying slight traction to the skin and vein, inserted the tip of the needle distal to the site selected for vein penetration, holding the needle at a slight angle with the bevel facing up.				
Entered the vein using a quick, small thrust to penetrate the skin.				
Verified entry into the vein by watching for a flashback of blood into the tubing of the butterfly system.				
Withdrew the blood volume needed for the ordered laboratory tests by pulling gently on the syringe plunger to fill the syringe with blood.				
Released the tourniquet (if applied) before removing the needle.				
Applied a clean gauze pad over the puncture site without applying pressure and quickly but carefully withdrew the needle from the vein, activating the safety lock system.				
Immediately applied pressure over the venipuncture site with gauze or an antiseptic pad until the bleeding stopped. Instructed the patient or family member to hold the gauze in place and to apply direct pressure.				

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If blood was collected in syringes, transferred the blood using a blood transfer device to the appropriate laboratory specimen tubes. Followed the order of the draw specified by the laboratory.				
In the presence of the patient labeled the specimen per the organization's practice.				
Placed the labeled specimen in a biohazard bag and transported the specimen to the laboratory immediately per the organization's practice.				
Applied an adhesive bandage to the site when hemostasis was achieved. If there is a risk of aspiration, remove the bandage.				
Praised the patient for cooperating and holding still. Encouraged the family to comfort the patient.				
Assessed, treated, and reassessed pain.				
Discarded supplies, removed PPE, and performed hand hygiene.				
Documented the procedure in the patient's record.				

Learner: _____ Signature: _____

Evaluator: _____ Signature: _____

Date: _____