

Performing Blood Collections Using a Butterfly Needle

Effective Date: 24 August 2018

Performing Blood Collections Using a Butterfly Needle

This document is applicable at site(s):

All Sites
Purpose

This procedure provides instructions on how to collect a blood sample using a butterfly needle as well as when a blood collection requiring a butterfly needle should be considered.

Background

The vacutainer/straight needle method for performing blood collections is the method of choice and should always be considered first. Phlebotomists should not become dependent on the use of butterflies for patients with veins that can be accessed with a straight needle. The tubing associated with the butterfly needle is more prone to clotting than the use of a straight needle. There is an increased risk of needlestick injury when a butterfly needle is used. Butterfly needles (winged sets) are to be used only in special circumstances for blood collection. These include:

- Very small and fragile veins, e.g. hands, feet, neonates
- Patient's with tremors or uncontrolled movements
- Blood Cultures
- PAXgene tube collections
- Haemophiliac patients
- Venous blood gases
- Patients who cannot physically or easily change the position of their arms
- When 10 or more tubes are to be collected at one time

Policy

All phlebotomists will wash their hands using Alcohol Based Hand Sanitizer (ABHS) or soap & water between each patient.

All phlebotomists will wear gloves when performing venipuncture or dealing with bodily fluids. A phlebotomist will never re-cap or reuse a needle

Materials

Reagents	Supplies	
<ul style="list-style-type: none"> • Alcohol Prep Pads / 70% Isopropyl Alcohol • Alcohol Based Hand Sanitizer (ABHS) e.g. Microsan 	<ul style="list-style-type: none"> • Laboratory Requisition / Trip List / Log Sheet • Nitrile Gloves • Vacutainers / Tubes; various types as per tests ordered • Sharps Disposal Container • Disposable Vacutainer Holders • Tape and/or Band-Aids 	<ul style="list-style-type: none"> • Doctor to Draw Cards • Biohazard Bags • Butterfly Needles; various gauges (See Additional Information) • LIS or Hospital labels (if available) • Gauze/Cotton Balls • Latex Free Tourniquet

Safety

The controls required to protect laboratory personnel from the hazards present in this procedure or task are listed in the Hazard Assessment. All laboratory personnel performing this procedure or task must be trained on when and how to use any required controls.

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Procedure

NOTE: a patient has the right to refuse a blood collection. See *Handling Patient Blood Collection Refusals*.

Step	Detail		Information
1. Identify the patient:	If...	Then...	Hand hygiene may need to be performed if there will be direct contact with the patient / patient environment. See <i>Hand Hygiene Guideline for Laboratory Personnel within Patient Care Settings</i> .
	Inpatient:	<ul style="list-style-type: none"> • See <i>Identifying Inpatients on Patient Care Units</i>. • See <i>Identifying Inpatients and Collecting Specimens for Blood Bank on Patient Care Units</i> if the collection is for a pre-transfusion test (XM, TYSH, Draw & Hold). 	
	Outpatient:	<ul style="list-style-type: none"> • See <i>Identifying Outpatients in Outpatient Laboratory or Collection Site</i>. • See <i>Identifying Outpatients and Collecting Specimens for Blood Bank in the Outpatient Laboratory or Collection Site</i> if the collection is for a pre-transfusion test (XM, TYSH, Draw & Hold). 	
2. Perform Hand Hygiene:	2.1) Hand hygiene must be performed. 2.2) Wash hands with soap and water or ABHS. NOTE: <ul style="list-style-type: none"> • Hand hygiene must be performed if there will be direct contact with the patient/patient environment. • Hand Hygiene must be performed when accessing clean supplies. 		The Hand hygiene opportunity for before patient / patient environment contact (Moment 1) can be combined with before a clean / aseptic (Moment 2). Moment 1 & 2 are combined.
3. Put on a new pair of gloves:	3.1) Gloves must not be reused between patients.		
4. Assemble collection materials at the patient's bedside / chair side:	4.1) See Supplies in Materials list.		
5. Insert the needle into the vacutainer holder:	5.1) Open the Butterfly needle package and remove the set. NOTE: the sheathed end of the needle is exposed. 5.2) Grasp the set by the plastic portion closest to the sheathed end (furthest away from the butterfly 'wings') when handling and inserting into the vacutainer holder. 5.3) Screw the sheathed end of the needle in a right twisting motion onto the vacutainer holder.		
6. Prepare tubes:	6.1) Determine the order of draw for the blood collection tubes.		See <i>Order of Draw</i>

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7. Place the first tube to be drawn loosely in the vacutainer holder:	7.1) Be careful to NOT puncture the cap of the tube as the tube vacuum will be lost.			
	<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">If...</th> <th style="text-align: center;">Then...</th> </tr> </thead> <tbody> <tr> <td>The first tube to be drawn is a light blue (Na Citrate) or black top (Excyte) tube:</td> <td> <ul style="list-style-type: none"> • A discard tube must be drawn before filling the tube for analysis. A minimum volume of 1 mL is required. • NOTE: the discard tube must be the same type as the tube to be collected for analysis (e.g. the same additive). </td> </tr> </tbody> </table>		If...	Then...
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8. Position the patient:	8.1) Ensure the patient is either in a sitting position or is lying down. 8.2) Ensure no food, liquid, chewing gum, or other objects (e.g. thermometers) are in the patient's mouth at the time of collection, except for essential medical treatment(e.g. newborns receiving oral fluids, patients on ventilators).	Never draw blood from a patient who is standing. Have patient remove all items from mouth (Note: this is to prevent a choking incident in the event of an adverse reaction during the collection).		
9. Ask the patient to extend their arm:	9.1) The patient should extend their arm in a manner which creates a straight line from the shoulder to the wrist. 9.2) The patient's hand should be facing upwards, exposing the inside ante-cubital fossa region of the arm.			
10. Apply the tourniquet:	10.1) The tourniquet should be applied approximately 7-10 centimeters away from the intended puncture site. NOTE: stretch the tourniquet before applying to prevent pinching the skin. 10.2) Tie the tourniquet tight enough that the veins in the arm are distended, but not too tight that it causes the patient discomfort or to cause purple/blue discoloration to the patient's arm.	If a tourniquet has been in place for longer than one minute before accessing the vein, it must be released and reapplied after three minutes, before the venipuncture is performed.		
11. Ask the patient to close their hand and make a fist:	NOTE: instruct the patient to NOT pump their fist.	Pumping of the fist can lead to hemoconcentration and erroneous test results.		

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12. Choose venipuncture site:	<p>12.1) Using your fingertips, feel for the vein. 12.2) Feel for the median cubital or median cephalic veins located in the ante-cubital fossa region of the upper arm. NOTE: The order of choice for anatomical site for venipuncture is the:</p> <ul style="list-style-type: none"> • Arm • Hand • Foot – only as a last resort. Inform patient’s nurse that a foot collection will be attempted. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If...</th> <th style="text-align: left;">Then...</th> </tr> </thead> <tbody> <tr> <td>If a patient is receiving a blood transfusion and a blood sample needs to be collected:</td> <td>Delay the collection (if possible) 15-60 minutes post transfusion (the longer the better) and obtain the sample from an alternate site (e.g. opposite arm).</td> </tr> <tr> <td>A sample must be collected during transfusion:</td> <td>Obtain the sample from an alternate site.</td> </tr> </tbody> </table> <p>NOTE: for a more accurate hemoglobin, obtain the blood sample 1 hour post transfusion. A 15 minute post transfusion sample is adequate for a platelet count.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 20%;">What to look for:</td> <td> <ul style="list-style-type: none"> • Locate a vein that is palpable / has some bounce to it. • Note the location of the vein. • Note the direction in which the vein is running. </td> </tr> <tr> <td>What areas to avoid:</td> <td> <ul style="list-style-type: none"> • Extensive scarring. • Bruising • Hematomas • Fistulas • Superficial surface veins. • Underside of wrists. • IV site: see <i>Collecting Blood from Patients with an IV – IV Cannula</i>. • Side of body where mastectomy was performed: See <i>Blood Collections on Mastectomy Patients</i>. </td> </tr> <tr> <td>If a vein is difficult to find:</td> <td> <ul style="list-style-type: none"> • Rotate the wrist. • Palpate site with a finger wetted with alcohol (reduces friction). • Massage arm from wrist to elbow. • Tap site sharply with index and second finger 2-3 times. • Use a commercially prepared warming device (e.g. infant heel warmer). • Ask patient for previously successful venipuncture sites. </td> </tr> </tbody> </table>	If...	Then...	If a patient is receiving a blood transfusion and a blood sample needs to be collected:	Delay the collection (if possible) 15-60 minutes post transfusion (the longer the better) and obtain the sample from an alternate site (e.g. opposite arm).	A sample must be collected during transfusion:	Obtain the sample from an alternate site.	What to look for:	<ul style="list-style-type: none"> • Locate a vein that is palpable / has some bounce to it. • Note the location of the vein. • Note the direction in which the vein is running. 	What areas to avoid:	<ul style="list-style-type: none"> • Extensive scarring. • Bruising • Hematomas • Fistulas • Superficial surface veins. • Underside of wrists. • IV site: see <i>Collecting Blood from Patients with an IV – IV Cannula</i>. • Side of body where mastectomy was performed: See <i>Blood Collections on Mastectomy Patients</i>. 	If a vein is difficult to find:	<ul style="list-style-type: none"> • Rotate the wrist. • Palpate site with a finger wetted with alcohol (reduces friction). • Massage arm from wrist to elbow. • Tap site sharply with index and second finger 2-3 times. • Use a commercially prepared warming device (e.g. infant heel warmer). • Ask patient for previously successful venipuncture sites. 	See Appendix A for diagram.
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13. Ask the patient to open their fist, then release the tourniquet:	13.1) It is very important for sample integrity that the tourniquet is not left on a patient for more than 1 minute. NOTE: if the collector can perform Steps 14-21 in less than 1 minute, then they may leave the tourniquet on the patient and complete the collection. 13.2) If more than 1 minute passes, release the tourniquet for at least three minutes, then reapply.	
14. Clean the site:	14.1) Clean the site in an outward concentric circular motion, with an alcohol prep pad (70% isopropyl alcohol). 14.2) This technique should be repeated until there is no visible dirt or debris on the alcohol prep pad. This will ensure the site is clean. NOTE: DO NOT blow on, waft air over, or wipe off the alcohol. It must be allowed to air dry, approximately 30 seconds.	NOTE: If collecting alcohol, methanol and / or ethanol, use iodine to clean the site. If the patient is allergic, the use warm water and soap.
15. If tourniquet was removed:	15.1) Retie the tourniquet and have the patient make a fist. 15.2) NOTE: instruct the patient to NOT pump their fist. 15.3) The tourniquet can only remain on the patient for a maximum of 1 minute. 15.4) Re-clean the site if required to retie tourniquet or accidentally touch skin.	Pumping of the fist can lead to hemoconcentration and erroneous test results
16. Grasp the 'wings' of the butterfly set:	16.1) Grasp the "rough" side of the butterfly wings (this is to ensure a firm, non-slip grip). 16.2) Pinch them together between the thumb and index finger.	
17. Remove the needle guard:	17.1) Remove the plastic guard on the butterfly end on the needle. 17.2) Hold bevel side facing up.	
18. Anchor the vein:	18.1) Grasp the patient's arm and use your thumb to pull the skin taut just below the intended venipuncture site. This should stabilize the vein and prevent it from rolling during blood collection. 18.2) Allow your fingers to rest on the patient's forearm and the needle to rest just above the intended puncture site.	
19. Puncture the vein:	19.1) Puncture the vein using a quick small thrust. 19.2) The needle should be at a 10-15 degree vertical angle to the patient's skin. 19.3) When viewed from above, the needle should be resting in the same direction as the vein. 19.4) The penetration of skin and vein should occur in one smooth motion. 19.5) Blood will enter the tubing when the vein has been successfully entered. 19.6) Maintain needle placement by holding or otherwise securing the device throughout the collection. E.g tape the butterfly / line to the patient arm below the puncture site.	

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Step	Detail	Information								
20. Push the tube onto the sheathed portion of the needle:	20.1) Once the vacutainer is securely on the needle, blood should begin to flow into the vacutainer. 20.2) Ensure the tube remains at a level below the puncture site to prevent tube additives flowing back into the patient.									
21. When blood flow is established:	21.1) Ask the patient to open their fist. 21.2) Remove the tourniquet. <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;">If...</th> <th style="text-align: left;">Then...</th> </tr> </thead> <tbody> <tr> <td>The patient experiences any type of adverse reaction during the collection:</td> <td> <ul style="list-style-type: none"> • Stop the collection immediately. • See <i>Dealing with Adverse Reactions Due to Blood Collection in the Outpatient Laboratory and Collection Site OR Dealing with Adverse Reactions Due to Blood Collections on Patient Care Units.</i> </td> </tr> <tr> <td>The first collection attempt fails:</td> <td> <ul style="list-style-type: none"> • Repeat steps 5-22. • NOTE: a phlebotomist is allowed two attempts at venipuncture per patient per day. The lab is allowed four attempts. After four consecutive <i>unsuccessful attempts</i> by the lab, that collection and any subsequent collections become a Doctor to Draw for a 24 hour period. • UAH: See <i>Patient Care Unit – Physician to Draw Procedure for Unsuccessful Blood Collections.</i> • All Sites (except UAH): If a collection becomes a Doctor to Draw: credit the test(s) with XVP-M11-NGT-; (e.g. Unsuccessful Venipuncture. Doctor or Patient Care Unit to collect blood specimens for the next 24 hours. Notification given to A. Smith at 1645 hr 8 Mar 06 by WM 1323). </td> </tr> <tr> <td>A hematoma appears:</td> <td> <ul style="list-style-type: none"> • Have the patient unclench their fist; release the tourniquet immediately; withdraw the needle; apply cotton and pressure to the site. </td> </tr> </tbody> </table>	If...	Then...	The patient experiences any type of adverse reaction during the collection:	<ul style="list-style-type: none"> • Stop the collection immediately. • See <i>Dealing with Adverse Reactions Due to Blood Collection in the Outpatient Laboratory and Collection Site OR Dealing with Adverse Reactions Due to Blood Collections on Patient Care Units.</i> 	The first collection attempt fails:	<ul style="list-style-type: none"> • Repeat steps 5-22. • NOTE: a phlebotomist is allowed two attempts at venipuncture per patient per day. The lab is allowed four attempts. After four consecutive <i>unsuccessful attempts</i> by the lab, that collection and any subsequent collections become a Doctor to Draw for a 24 hour period. • UAH: See <i>Patient Care Unit – Physician to Draw Procedure for Unsuccessful Blood Collections.</i> • All Sites (except UAH): If a collection becomes a Doctor to Draw: credit the test(s) with XVP-M11-NGT-; (e.g. Unsuccessful Venipuncture. Doctor or Patient Care Unit to collect blood specimens for the next 24 hours. Notification given to A. Smith at 1645 hr 8 Mar 06 by WM 1323). 	A hematoma appears:	<ul style="list-style-type: none"> • Have the patient unclench their fist; release the tourniquet immediately; withdraw the needle; apply cotton and pressure to the site. 	See <i>Crediting Tests – Function CR</i>
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22. When the tube is full:	22.1) Pull the tube off the needle. 22.2) The shut off valve will close to prevent leakage or back-flow. You will observe that the tube is no longer filling.									

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23. Continue to collect tubes:	23.1) Continue to collect the remainder of the tubes in the correct order of draw. 23.2) Gently invert the tubes 8-10 times to mix while waiting for the next tube to fill. 23.3) NOTE: only invert coagulation tests tubes 4 times . Over mixing of coagulation tubes may trigger the blood clotting cascade pathway. 23.4) DO NOT shake tubes.	It is important to ensure proper mixing of tubes so that the tube additive is adequately blended with the blood.
24. Retract the needle:	24.1) Once the last tube has been filled and removed from the vacutainer: 24.2) Position a few pieces of gauze just above the puncture site. 24.3) Remove the needle from the patient's arm by activating the safety lock by pressing on the black arrow.	
25. Apply pressure to the puncture site:	25.1) If your patient is able, they may apply pressure themselves to the puncture site. If they are unable to do so, you must apply pressure until the bleeding has stopped.	
26. Dispose of the needle and holder:	26.1) Dispose of the butterfly set and vacutainer holder together into a sharps container. 26.2) DO NOT separate the collection set from the holder.	Some patient care units have sharps disposal containers that are wall mounted; these may be used to discard the needle and holder together.
27. Dispose of non-sharp items:	27.1) Dispose of gauze/cotton balls, tourniquet and other non-sharp items not grossly contaminated into the routine garbage. 27.2) Dispose of any grossly contaminated items into bio-medical waste buckets.	
28. Label the tubes:	28.1) See <i>Labeling Patient Blood Specimens Post-Collection</i> . 28.2) Always label a blood collection at the patient's bedside / chair side.	
29. Complete the requisition, trip list, log sheet:	29.1) See <i>Completing Requisitions Post-Collection</i> . 29.2) Always complete the requisition, trip list, log sheet at the patient's bedside / chair side.	
30. Check the patient to ensure bleeding has stopped:	30.1) Apply a bandage or tape and clean gauze to the patient ONLY if the patient is > 2 years of age. NOTE: bandages or gauze are not to be used on patients < 2 years of age as they pose a choking hazard to the infant. For patients < 2 years of age, using gauze, apply pressure until the bleeding stops.	
31. Inform the patient the procedure is now complete:	31.1) Inform the patient they may remove the bandage or tape/gauze after 15 minutes. 31.2) If the patient is in Outpatient Lab, instruct them not to carry anything heavy using that arm for several hours to avoid bruising.	

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Step	Detail	Information
32. Remove and dispose of gloves:	32.1) Remove and dispose of gloves into general waste unless grossly contaminated. If grossly contaminated, dispose in bio-medical waste bucket. NOTE: in certain situations, such as patients on psychiatric wards or in secure holding units, all supplies must be removed from the patient's room (e.g. needle, gloves, gauze, tape, etc.) and disposed of outside of the room.	
33. Wash your hands:	33.1) Hands must be washed with soap and water.	ABHS may be used.

Additional Information

When using a butterfly needle for a blood collection the smallest gauge number possible should be used, e.g. 21, 23 or 25 gauge. The **smaller gauge** numbered needle will have a **larger hole/bore** in the needle and allow the blood to flow more freely through the needle, tubing and into the vacutainer tube, decreasing the chance of clotting in the tubing. The larger numbered 25 gauge needle may cause hemolysis because of the very small hole in the needle or because of the excessive negative pressure from the vacutainer tube forcing the red cells through the small needle and tubing. Phlebotomists should avoid using 25 gauge needles if at all possible. The only time a 25 gauge needle should be used is in circumstances where a 23 gauge needle is too large for the vein.

References

1. King-Strasinger, S., Schaub-Di Lorenzo, M. *The Phlebotomy Workbook*. Second Edition. 2003. F.A. Davis Company.
2. Garza, D., Becan-McBride, K. *Phlebotomy Handbook*. Fourth Edition. 1996. Appleton & Lange.
3. Ernst, D.J. *Applied Phlebotomy*. First Edition. 2005. Lippincott Williams & Wilkins
4. Procedures for the Collection of Diagnostic Blood Specimens by Venipuncture; Approved Standard – Sixth Edition H3-A6 Vol. 27 No. 26.
5. CLSI GP41 7th edition 2.8.1.1 Collection of Diagnostic Venous Blood Specimens.
6. CLSI GP41 7th edition 2.9.3.1 Collection of Diagnostic Venous Blood Specimens.

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Related Documents Current Version of:

Document	Document Control Number
Identifying Inpatients on Patient Care Units	RSCCSS00009MUL
Identifying Inpatients and Collecting Specimens for Blood Bank on Patient Care Units	RSCCSS00018MUL
Identifying Outpatients in Outpatient Laboratory or Collection Site	RPAOPS00006
Identifying Outpatients and Collecting Specimens for Blood Bank in the Outpatient Laboratory or Collection Site	RPAOPS00007MUL
Order of Draw	RSCCSR00001
Dealing with Adverse Reactions Due to Blood Collections in the Outpatient Laboratory and Collection Site	RSCOPS00016
Dealing with Adverse Reactions Due to Blood Collections on Patient Care Units	RSCCSS00020MUL
Labeling Patient Blood Specimens Post-Collection	RSCCSS00019
Completing Requisitions Post-Collection	RSCCSS00013
Handling Patient Blood Collection Refusals	RSCCSX00001
Collecting Blood From Patients With an IV – IV Cannula	RPACSS00052MUL
Patient Care Unit - Physician to Draw Procedure for Unsuccessful Blood Collections	RSCCSS00014
Crediting Tests - Function CR	RQMPCS00006
Blood Collections on Mastectomy Patients	RSCCSX00004
Hand Hygiene Guideline for Laboratory Personnel within Patient Care Settings	PSABSU00012A

Appendix

Appendix A: Diagram of Ante-Cubital Fossa Region

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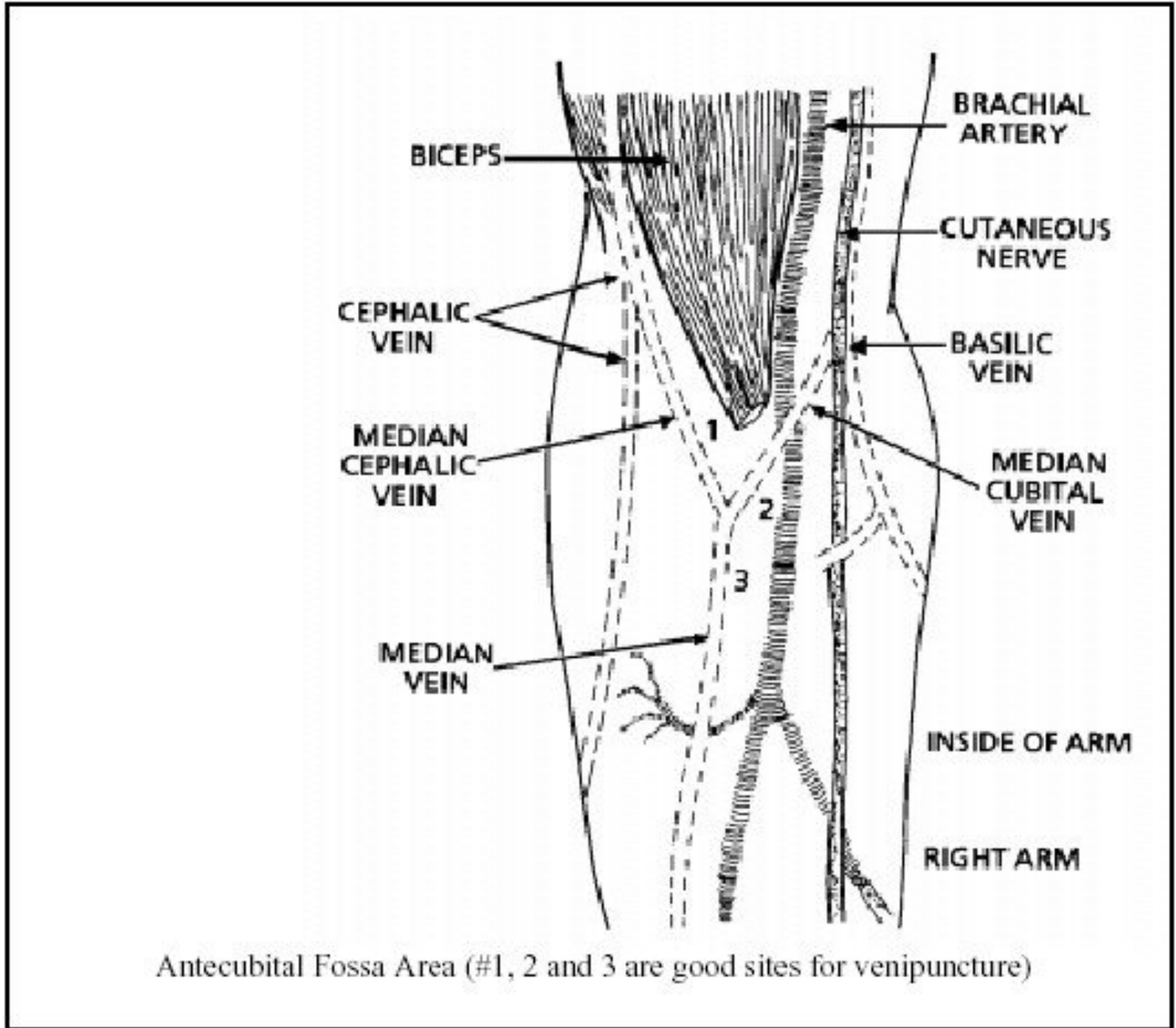
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Appendix A: Diagram of Ante-Cubital Fossa Region



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