Drawing blood is serious business. When performed incorrectly it’s not only a shame, it can be deadly. Consequences for deviating from the standards may not be immediate, but sooner or later these “Seven Deadly Sins” of phlebotomy can condemn not only your patient’s hope for health and wellness, but yours as well.

**Ignorance.** It isn’t bliss. It’s dangerous. Those who draw blood samples can’t afford to be uninformed regarding phlebotomy’s prevailing standards. When you don’t know what you should know, you will underestimate the importance of every standardized detail of blood specimen collection. Only through comprehensive training, regular assessments, and ongoing continuing education can the sin of ignorance be identified and defeated.

**Indifference.** When apathy sets in, patients will suffer. One manifestation is a disregard for preanalytical errors such as those that cause potassium levels to be falsely elevated. Undiagnosed hypokalemia (low potassium) can go untreated, leading to heart arrhythmia and seizures that the phlebotomist could have prevented. When the sin of indifference is sowed, the entire laboratory reaps diminished credibility, including the loss of physician trust and legal liability.

**Presumption.** Think you can skip checking Mr. Jones’ ID bracelet today because you remember him from yesterday? Think again. Every patient deserves to be properly identified every time lab work is ordered. The standards demand it and anything less would be a sin. Do you assume every patient will tolerate the procedure well, and that bleeding from the puncture site will cease without visual confirmation? Such assumptions can result in serious complications. Presumption is a cavalier path that takes far too much for granted and is fraught with risk for all involved.

**Haste.** It makes waste, especially of blood samples. By underfilling or not labeling tubes at the patient’s side, the sin of excessive speed creates chaos, leaving a trail of mislabeled and compromised samples that require recollection or if tested, mislead physicians regarding their patient’s true medical status. For coagulation testing, underfilled tubes may result in life-threatening medication adjustments. If a mislabeled tube is used for a cross-match, the transfusion that follows could spell an adverse reaction for the patient, including death.

**Deception.** The sinister nature of preanalytic errors lies in the fact that most are undetectable. Ever draw two sets of blood cultures from a single venipuncture site? Then you’ve deceived the physician into thinking two sets have been drawn when only one has. Do you perform arterial sticks as a substitute for a routine venipuncture? Then you’ve deceived the physician who’ll compare the results against normals for venous blood. If you think you’re doing your patients a favor, you’re only deceiving yourself.

**Compromise.** Sacrificing one right or good in the hope of retaining another often ends in the loss of both. When we compromise the standards by accepting unlabeled samples drawn by others, or inappropriately add tests to previously collected specimens, we kill quality and the laboratory’s ability to provide meaningful results. This sin also exacts a high penalty when patient privacy and confidentiality are compromised.

**Procrastination.** The sin of “putting off ‘til the next shift what you should do today” can be the death of team unity and morale. Examples of procrastination in the workplace include not performing timed draws on time, failure to immediately activate the safety feature of the needle after the draw, and undue delays in sample transport.