

Tip of the Month



Anticipation or Precipitation?

Back in the 70's, Carly Simon bemoaned how anticipation was "making me late... keeping me waiting." This classic may well be the theme song of healthcare professionals who forget the importance of anticipating adverse reactions in the patients they draw blood samples from. Because most draws go smoothly, it's easy to be lulled into complacency about the potential for adverse patient reactions. But without a good measure of anticipation, a routine collection can go bad and precipitate events that put those on both ends of the needle at risk. Collectors who have a thorough understanding of the reactions patients are likely to experience and recognize the signs are not likely to have negative outcomes rain down on them and their patients.

Fainting. CLSI tells us to anticipate a loss of consciousness. Studies show that you can expect 2.5% of patients to pass out during or shortly after a blood draw. Anticipation means knowing the signs of an imminent loss of consciousness and being prepared to react. Symptoms include dizziness, pallor, perspiration, anxiety, hyperventilation and nausea. Talkative patients may suddenly become silent. Anticipation also means not drawing patients in vulnerable positions, like on the edge of a bed or exam table. CLSI recommends venipuncture chairs be equipped with a safety feature to prevent falls should the patient pass out. Do not attempt to walk a symptomatic patient to a bed. Where practical, lay the patient flat or lower his/her head and arms. Ammonia inhalants are not recommended, as their use may trigger respiratory distress in asthmatic patients.

Nausea and Vomiting. Nausea may precede vomiting. Anticipate it. Patients undergoing oral glucose tolerance testing may be particularly prone to these side effects. Make nauseous patients as comfortable as possible and have an emesis basin and tissues handy. A cold compress placed on the forehead or back of the neck may help alleviate symptoms.

Convulsions. When a patient experiences a seizure, the goal is to protect the patient from injury. Do not place anything in the patient's mouth or attempt to completely restrain the movements of the patient.

Needle Phobia. Patients with a paralyzing fear of needles should be treated with extreme compassion. Behaviors demonstrated by fearful pediatric patients include screaming, crying, and combativeness. Collectors should be aware that needle phobic patients may experience shock reflex, develop an arrhythmia, or cardiac arrest during or immediately after a blood draw. Preventive strategies include reclining the patient, employing an abundance of compassion and patience, and applying ice.

Remaining vigilant regarding adverse reactions can reduce the risk of injury to your patient and the potential for legal liability to you and your employer. Don't let the lack of anticipation bring precipitation in the form of injury to you or your patient. Anticipation may be keeping Carly Simon waiting, but it's keeping you and your patient safe.