

Tip of the Month



A Tangled Web

It's never been easier to access information from around the globe at lightning speed. With a few keystrokes and a click of a mouse, you can enter cyberspace and surf the World Wide Web for a whole host of phlebotomy-related sites. Google the word "phlebotomy" and approximately 7,250,000 results come up. Not only is the number of online postings mind boggling, the format of the information available also greatly varies from professional web sites to personal blogs, educational venues, news outlets, still images, and video clips.

But just because you can click on it doesn't mean you can count on it. Simply finding a blood collection procedure or technique posted on the web doesn't make it credible, current, or safe. Often, it's quite the contrary. To demonstrate, we took the web for a spin and found it to be tangled with mistakes. Here's a sampling of errors some sites are recommending:

- Verification of a patient's identification contrary to that defined by the Clinical and Laboratory Standards Institute (CLSI).
- No fewer than three sites suggest instructing the patient to pump his/her fist prior to the draw to distend the veins of the antecubital area. (CLSI cautions against fist pumping as this practice can alter the concentration of some analytes.)
- Wiping away the alcohol during site preparation rather than allowing it to air dry.
- Stating that the tourniquet should not remain in place for more than two minutes. (The effects of hemoconcentration begin within one minute.)
- Anchoring the vein from above and below the puncture site. (This is a dangerous practice as it places the collector's index finger in harm's way of an accidental needlestick.)
- Improper order of draw demonstrated during a video clip of a venipuncture.
- Using cotton rather than a gauze pad for post-venipuncture care.
- Prelabeling of evacuated tubes and/or not labeling at the patient's side. (Prudent phlebotomists realize such labeling practices can create deadly opportunity for specimen misidentification.)
- Use of a needle without a safety feature.
- Use of a sharps container designed with an opening that would be too small to allow needle disposal without disassembly from the tube holder
- Use of a sharps container with a needle unwinder.
- Promoting the use of ammonia inhalants for patients who faint. (CLSI cautions against this practice as it could trigger respiratory distress in some individuals.)
- Not obtaining adequate assistance during pediatric venipunctures. This risks both physical and psychological trauma to the patient, as well as injury to the collector.

The Internet is a wonderful thing when you can separate fact from fiction. To avoid the tangled web of inaccurate information that exists, always apply the current CLSI blood collection standards and OSHA regulations as a litmus test for truth. They'll help you clear away the cobwebs every time.