ROYAL HOSPITAL FOR WOMEN	APPROVED: NCC QUALITY COMMITTEE
DEPARTMENT MANUAL: DIVISION OF NEWBORN SERVICES	DATE: 2 <sup>nd</sup> December 2013

# Performing a Heelstick for Blood Sampling

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

**PURPOSE & SCOPE:** To collect capillary blood by correct heel stick technique.

**EQUIPMENT:** Gloves

Gauze

Appropriate Puncture Device

Alcohol Swab

Required Blood/Capillary Tubes

25% oral sucrose

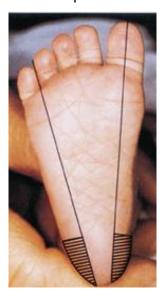
(	Intended Use <sup>4</sup>	Width x Depth (mm)	Device Type	Device Name	Device
Choice of these to use for	Fingerstick – Low Flow (single drop) Demonstrates significantly less pain for your patients than comparable products*	30 G x 1.5 mm	Puncture (needle)	BD Microtainer® Contact-Activated Lancet (Purple)	
premature infants	Fingerstick – Medium Flow	21 G x 1.8 mm	Puncture (needle)	BD Microtainer® Contact-Activated Lancet (Pink)	
Not available	Fingerstick – High Flow (500 µL from single puncture)	1.5 mm x 2.0 mm	Puncture (blade)	BD Microtainer® Contact-Activated Lancet (Blue)	
For Term	Heelstick – Low Flow (premature infants) Low birth-weight babies or full-term infants where lower blood volume is required	1.75 mm x 0.85 mm	Incision (blade)	BD Microtainer® Quikheel™ Lancet (Pink)	0
infants	Heelstick – High Flow (infants) Full-term infants where higher blood volume is required	2.5 mm x 1.0 mm	Incision (blade)	BD Microtainer® Quikheel™ Lancet (Teal)	0

Picture 1

	Process	Rationale
1	Preform hand hygiene and clean blue tray.	To prevent cross contamination and provide a clear working surface.
2	Collect equipment. Select the appropriate puncture device – Refer to Guide(Picture 1).	To be prepared for procedure.
3	Administer 25% sucrose and provide comfort measures.	To provide developmentally sensitive care.
4	Preform hand hygiene, apply gloves and prepare equipment.	To prevent cross contamination and to meet area health infection control guidelines.

## Performing a Heelstick for Blood Sampling continued...

5 Nominate an area for puncture on the foot on the medial or lateral plantar surface (Picture 1).



Picture 1

Select the surface area to puncture. Continue in a "stepping" ladder pattern from the first puncture for subsequent blood sampling.

6 Clean foot with alcohol and allow 30 seconds to dry completely.



Picture 2

Puncture heel holding the puncture device at a 90 degree angle (Picture 3).

7



Picture 3

To prevent damage to bone, tendons, cartilage and

To allow more area for multiple heel sticks.

The bacteriostatic effect of the alcohol is dependent on adequate drying time.

Creates a gap puncture which opens when pressure is applied and allows blood to flow freely (Picture 4).



Picture 4

#### Performing a Heelstick for Blood Sampling continued...

8 Wipe away first drop of blood with gauze. To remove platelet plug that forms at puncture site that initiates the clotting process. 9 Collect blood in correct Order of Draw (Picture 5), To decrease chance of haemolysis and and/or skin gently agitating tubes between each drop while and tissue contamination of the specimen. avoiding scraping and scooping. **₩**BD Helping all people live healthy live Order of Draw (for Capillary blood Collection) BD Microtainer<sup>®</sup> Tubes with Microgard™ Closure Recommended Order of Draw / **Additive** Mix by **Fill Volumes** Catalogue # **Inverting** (Min - Max) MICROTAINER 250µl -500µl K<sub>2</sub>EDTA 10x 365974 Picture 5 MICROTAINER 400µl -600µl Lithium Heparin 10x 365965 HICROTAINER Lithium Heparin and Gel 365985 400µl -600µl 10x for Plasma Separation CROTAINER 365987 MICROTAINER 250µl -500µl NaFl/Na<sub>2</sub>EDTA 10x 365992 365967 Clot Activator and Gel 200µl -400µl 5x for Serum Separation 365978 MICROTAINER No Additive 400µl -600µl 0x 365963 Please note: It is recommended that blood specimens for coagulation testing be collected by venipuncture.\* \* In accordance with CLSI (formerly NCCLS) guidelines [Collection, Transport and Processing of Blood Specimens for **BD** Diagnostics Testing Plasma-based Coagulation Assays,

Approved Guideline, 4th Edition, Document H21-A4, Dec 2003]

ROYAL HOSPITAL FOR WOMEN	APPROVED: NCC QUALITY COMMITTEE
DEPARTMENT MANUAL: DIVISION OF NEWBORN SERVICES	DATE: 2 <sup>nd</sup> December 2013

### Performing a Heelstick for Blood Sampling continued...

10	Seal blood containers.	To prevent loss of specimen.
11	Apply direct pressure to puncture site.	To stop bleeding.
12	Label collection tubes with correct the infant's name label.	To ensure correct identification of blood sample, diagnosis and treatment to the correct patient.
13	Dispose of puncture device in sharps container.	To avoid needle stick injury.
14	Collect and dispose of remaining equipment.	To leave a clean work space.
15	Clean blue tray and remove gloves.	To prevent cross contamination and to meet area health infection control guidelines.
16	Preform hand hygiene.	To adhere to 5-Moments of Hand Hygiene.

#### References

BD Asia Pacific, 2010. Capillary Blood Collection - Key Aspects of Best Practice, Sources of Preanalytical Error and Laboratory Workflow Challenges. Asia Pacific Preanalytical Notes, 13 (1), p2-4.

BD Diagnostics 2009. Capillary Blood Collection: Best Practices. *Lab Notes*, 20 (1), p1-5.

CLSI H4-A5. Procedures and Devices for the Collection of Diagnostic Blood Specimen by Skin Puncture, Approved Fifth Edition, 24 (21).

Folk, L.A., 2007. Guide to Capillary Heelstick Blood Sampling in Infants, *Advances in Neonatal Care*, 7 (4), p171-178.

Jain, A., Rutter, N., 1999. Ultrasound Study of Heel to Calcaneum Depth in Neonates. *Archives of Disease in Childhood*, 80 (3), pF243

NSW Health, 13<sup>th</sup> September 2010. Hand Hygiene Policy, PD2010\_058, H10/62330-5.

NSW Health, 23<sup>rd</sup> May 2010. Infection Control Policy, PD2007\_036.

NSW Health, 29<sup>th</sup> June 2007. Sharps Injuries - Prevention in the NSW Public Health System, PD2007\_052. ANTT® Clinical Practice Framework, Version 3.1Copyright 2013. The Association for Safe Aseptic Practice (ASAP). www.antt.org.

Date	Revised No.	Author; Revised by
20th August 2013	Primary	RN. E. Siddons
		Nil