Indications and Administration:

1. Patients who have a need for IV access and may benefit from prompt blood work on arrival at the hospital.
2. Patients who have a rapidly changing condition where serial blood samples may be important to diagnosis or management

Procedure:

1. Blood draw is initiated during IV access. See the Venous Access Protocol for details
2. Attach a 20cc syringe to the IV catheter or to an IV cap and then to the catheter.
3. Gently pull back the plunger to fill the syringe with blood. Pulling too hard may cause the blood the hemolyze, which renders it useless for most tests.
4. Detach the syringe from the cap or catheter and attach it to a Blood Transfer Device. DO NOT USE A NEEDLE TO FILL BLOOD TUBES.
5. Holding the syringe with the BTD pointing down, insert each blood tube into the BTD and hold it there until filled. Occasionally, the tubes may not fill completely. Do not press down on the plunger to fill the tubes, as this may result in leakage.
6. Blood tubes each have a specific purpose and should be filled in a particular order:
   i. Chest Pain
      a. Order: Green, Purple, Blue, Red
      b. Tests conducted: Troponin, CPK, blood count, coagulation studies, drug levels (digoxin)
   ii. Abdominal Pain
      a. Order: Purple, Green, Blue, Red
      b. Tests conducted: Chemistries, blood count
   iii. Neuro/Seizures
      a. Order: Green, Purple, Red, Blue
      b. Tests conducted: Chemistries, blood count, drug levels (anti-seizure meds)
   iv. Trauma

   a. Order: Purple, Green, Blue, Red
   b. Tests conducted: Blood count, chemistries, coagulation studies

7. After it is full and removed from the BTD, each tube should be inverted a few time to mix the blood with the additive. DO NOT SHAKE.
8. Each blood tube should have the patients first and last name, date and time drawn, and initials of the person who drew the blood written on it in pen.
9. On arrival at the hospital, the blood tube should be placed in the appropriate slot in the rack on the counter. Notify the RN taking report from you that you have drawn blood and placed it in the rack. Do not use the hospitals labels on the blood tubes.

Notes:

1. Blood draws are not needed on every patient. Consider the benefit before starting the procedure.
2. Most blood tubes have an additive. Filling in the proper order, keeping the tubes vertical and not inverting them until after they have been removed from the BTD will help prevent cross-contamination of the additives.
3. The blue tubes must be full to the mark, or they are useless. If you have less than a full 20cc of blood available and the blue tube needs to be filled, fill it first.