

- Apply EMLA topically over the site if time permits (>60 minutes). LMX cream also may be used and requires a shorter application time (30 minutes). To remove the transparent dressing atraumatically, grasp opposite sides of the film and pull the sides away from each other to stretch and loosen the film. After the film begins to loosen, grasp the other two sides of the film and pull. Use a vapo-coolant spray or buffered lidocaine (injected intradermally near the vein with a 30-gauge needle) to numb the skin.
- Use nonpharmacologic methods of pain and anxiety control (e.g., ask the child to take a deep breath when the needle is inserted and again when the needle is withdrawn, to exhale a large breath or blow bubbles to “blow hurt away,” or to count slowly and then faster and louder if pain is felt).
- Keep all equipment out of sight until used.
- Enlist parents' presence or assistance if they wish.
- Restrain child *only as needed* to perform the procedure safely; use therapeutic holding (see [Fig. 20-4](#)).
- Allow the skin preparation to dry completely before penetrating the skin.
- Use the smallest gauge needle (e.g., 25 gauge) that permits free flow of blood; a 27-gauge needle can be used for obtaining 1 to 1.5 ml of blood and for prominent veins (needle length is only 1.25 cm [0.5 inch]).
- If possible, avoid putting an IV line in the dominant hand or the hand the child uses to suck the thumb.
- Use an automatic lancet device for precise puncture depth of the finger or heel; press the device lightly against the skin; avoid steadying the finger against a hard surface.
- Have a “two-try” only policy to reduce excessive insertion attempts—two operators each have two insertion attempts. If insertion is not successful after four punctures, consider