discarded.

Research Focus

Central Vascular Access Device

In 62 pediatric oncology emergency patients, the initial 5 ml of blood drawn from a central vascular access device (CVAD) was used to inoculate blood culture bottles instead of the usual practice of discarding the first 5 ml of blood. A second specimen was obtained (standard of care) and used to inoculate separate blood culture bottles. In the 186 paired blood cultures, 4.8% were positive. In all positive cultures, both specimens contained the same organism. In four pairs, the first specimen that is usually discarded grew organisms earlier than the standard of care specimen, allowing for earlier definitive antibiotic administration. Specimen accuracy in this study could lead to a change in the practice of usually discarded the first 5 to 10 ml of blood obtained from CVADs for detection of infection (Winokur, Pai, Rutlege, et al, 2014).

When venipuncture is performed, the needed specimens are quickly collected, and pressure is applied to the puncture site with dry gauze until bleeding stops (see Atraumatic Care box). The arm should be extended, not flexed, while pressure is applied for a few minutes after venipuncture in the antecubital fossa to reduce bruising. The nurse then covers the site with an adhesive bandage. In young children, adhesive bandages pose an aspiration hazard, so avoid using them or remove the adhesive bandage as soon as the bleeding stops. Applying warm compresses to ecchymotic areas increases circulation, helps remove extravasated blood, and decreases pain.

Atraumatic Care

Guidelines for Skin and Vessel Punctures

To reduce the pain associated with heel, finger, venous, or arterial punctures: