 Department of Health Government of Nunavut		NURSING POLICY, PROCEDURE AND PROTOCOLS	
		Community Health Nursing	
TITLE:		SECTION:	POLICY NUMBER:
Therapeutic Phlebotomy		Clinical Procedures	11-005-00
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:
February 10, 2018	February 2021		4
APPLIES TO:			
Community Health Nurses			

POLICY:

Registered Nurses may perform therapeutic phlebotomy, as ordered by a physician. Only nurses who have received additional training with the Nurse educator or delegate will assume this responsibility.

DEFINITIONS:

Therapeutic Phlebotomy is a procedure performed to remove a prescribed amount of blood from an accessed vein. It is often used to treat disorders such as hemochromatosis and polycythemia vera.

RELATED POLICIES, GUIDELINES AND LEGISLATION:

Procedure 11-005-01 Therapeutic Phlebotomy

REFERENCES:

Parker, D. M., Deel, P.C., & Arner, S.S. (2004). Iron out the details of Therapeutic Phlebotomy. *Nursing*, 34(3), 46-47.

Potter, P.A. & Perry, A.G. (2010). *Clinical Nursing Skills & Techniques*, 7th edition, Mosby: Toronto.

Wright, S., Finical, J. (2000). Beyond Leeches: Therapeutic phlebotomy today. *American Journal of Nursing*. 100(7), 55-61.

PROCEDURE 11-005-01

NURSING CONSIDERATIONS:

1. Hypotension is the most common adverse effect of phlebotomy, but tachycardia, increased respiratory rate, loss of consciousness, dizziness, weakness, or fatigue may also occur.
2. A physician's order is required specifying the volume of blood to be removed (usually 500mls).
3. Assess the client prior to the procedure, obtaining baseline vital signs, laboratory results (HGB and Ferritin levels) and ensure client has taken in a minimum of 500 ml of fluids prior to the procedure. Ensure the client has eaten prior to the procedure. If not provide a light meal or snack.
4. Place the client on a bed or a stretcher for a first time procedure, not on a chair.
5. Assess the client during and post procedure for such adverse reactions as hypotension, hypovolemia and vasovagal response.
6. Some clients may require IV hydration either pre, during or post procedure as indicated by physician's order.
7. Never attempt venipuncture: in the arm where an arteriovenous fistula/graft is present, on the side affected by a cerebral vascular accident (CVA), or in the arm on the same side that a mastectomy has been performed. In the event the client has had a bilateral mastectomy, the physician will specify which side is to be used.
8. Hand hygiene: perform hand hygiene according Policy 10-004-00: *Hand Hygiene* and Guidelines 10-004-01: *Hand Hygiene Guidelines*.
9. Antiseptic use: contact time includes scrubbing and drying time. For products containing 70% alcohol e.g., alcohol swab: contact time 30 seconds.
10. Personal Protective Equipment Use: Follow Universal Precautions and include additional precautions as required (Refer to Policy 10-005-00: *Personal Protective Equipment*).

EQUIPMENT	
✓ Phlebotomy set with 17 Gauge needle	✓ Tourniquet
OR	✓ Alcohol swabs
✓ Phlebotomy holder	✓ 2 x 2 Gauze pads
19G winged needle	✓ Tape
500 ML evacuation bottle	✓ Non-sterile gloves
Thoracentesis set	



PROCEDURE:

1. Assemble equipment.
2. Obtain baseline BP, pulse and respirations prior to phlebotomy to allow for comparison during and after the procedure.
3. Position the client comfortably and ensure that the arm is supported.
4. Place a tourniquet around the upper arm and assess the veins as they distend. The chosen vein needs to be large enough to accommodate a 17-gauge needle.
5. Select the vein to be accessed: Determine whether the median cubital vein in the antecubital space is accessible. Basilic, cephalic, and accessory cephalic may also accommodate a large bore needle.
6. Cleanse the site with an alcohol swab and access the site. Secure the needle and tubing with tape.
7. Once flow is established, take the client's BP, pulse, respirations and ensure the adequacy of peripheral circulation by checking pulse, warmth and color in the limb.
8. When the prescribed volume is obtained, release the tourniquet if this hasn't already been done.
9. Remove the needle/catheter, apply direct pressure for 3-5 minutes with a 2x2 gauze and instruct client to elevate arm as tolerable to decrease bruising and support the achievement of hemostasis.
10. Take BP, pulse, and respirations after the procedure to assess for signs of hypotension.
11. Dispose of phlebotomy set into the appropriate biohazard /cytotoxic container, as per Guideline 10-006-02: *Infectious Waste Disposal Guidelines*.
12. Encourage a minimum oral fluid intake of 500ml to assist with fluid volume replacement.
13. Administer intravenous fluids if ordered (may be ordered post or concurrently with phlebotomy)
14. Assist the client when standing or ambulating for the first time post phlebotomy.
15. Notify physician if client has any of the following symptoms post- phlebotomy:
 - a. Complaints of feeling faint, dizzy, clammy or light-headed.
 - b. Significant change in vital signs.
16. The client may be discharged if no dizziness/light-headedness when ambulating or standing, vital signs are stable, and no bleeding at site post procedure.



DOCUMENTATION:

Document the following on the progress notes in the client's health record:

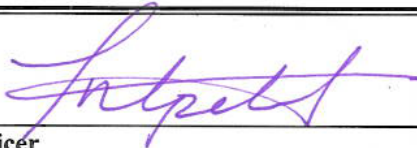

1. Phlebotomy site
2. Vital signs
3. Amount of blood withdrawn
4. Length of procedure and client's tolerance
5. Any adverse side effects
6. Client education

CLIENT TEACHING:

1. Instruct the client to move slowly when changing position or standing to prevent light-headedness, faintness, or a rapid drop in blood pressure.
2. Advise the client to drink plenty of liquids over the next 24 hours to replace lost fluid.
3. Apply pressure to site if bleeding occurs. Apply cold compresses to minimize bruising. If bruising is severe, advise client to contact their health care provider.
4. Advise the client to avoid heavy lifting or strenuous activity for 6-8 hours post procedure.
5. Provide follow-up appointment for phlebotomy if required.

REFERENCES:

- Parker, D. M., Deel, P.C., & Arner, S.S. (2004). Iron out the details of Therapeutic Phlebotomy. *Nursing*, 34(3), 46-47.
- Potter, P.A. & Perry, A.G. (2010). *Clinical Nursing Skills & Techniques*, 7th edition, Mosby: Toronto.
- Wright, S., Finical, J. (2000). Beyond Leeches: Therapeutic phlebotomy today. *American Journal of Nursing*. 100(7), 55-61.

Approved by:  Chief Nursing Officer	11 FEB 2011 Date	Effective Date: April 1, 2011
 Deputy Minister of Health and Social Services	February 11, 2011 Date	

