

Venepuncture Policy

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**Venepuncture Policy
Version Control Sheet**

Version	Section / Para / Appendix	Version / Description of Amendments	Date	Author / Amended by
1	New policy. Replacing G_CS_40 – Venepuncture (A Guide to Practice)	Included Healthcare Students in accordance with NMC (2018) Standards For Education for Pre-registration healthcare students	08/06/18	V Ronis V Pruteanu
		Clarity on students who already work for the trust can continue to practice extended role	08/06/18	V Ronis V Pruteanu
		Removed Anatomy and Physiology	08/06/18	V Ronis V Pruteanu
2	Policy reviewed	References updated NMC updated to 2018 code to include nurse associates and Estates alert 2013 Transport of blood samples and sharps in vehicle, Emphasis to positively identify the patient and label correctly with patient details. Addition of template contraindicated access sites Identification of LCHS staff competency renewal expectations Added and ESR document for recording reassessment	14/10/20	V Ronis

3	Policy reviewed	<p>Review to include venepuncture for children parameters, settings and competency</p> <p>1 introduction to identify HCSW can undertake Venepuncture with children</p> <p>2 renewal periods for venepuncture in children</p> <p>5 Consent</p> <p>6.2 number of successful attempts specified different for children than adults</p> <p>6.3 Equipment</p> <p>References</p> <p>Addition of competency assessment documents for children 0-1, 1-3 and aged 3 and over</p> <p>Appendix 5, competency for children 1-16</p> <p>Appendix 7 reassessment competency for child after long absence or incident</p> <p>Appendix 7 venepuncture procedure updated to include children</p>		Outpatients team R. Cocks
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Background Statement

There is a need to provide an efficient service to patients who require venepuncture as part of their care.

Statement

The venepuncture education programme is a clinical skill-based education package aimed at clinical staff, with standardised assessment and risk management guidelines for clinical practice. LCHS is agreeable to accept the transferability of training provided by the Higher Education Institutions (HEI) within the East Midlands for student nurses where there is a local agreement between the trust and the education provider.

Throughout the Document Local anaesthetic will be referred to this may be local anaesthetic cream or spray

Responsibilities

Individual staff member's accountability and assessor responsibilities and accountability are outlined in the document. Assessors are accountable for the assessment decisions and fitness for purpose and practice of those they assess. Manager's responsibilities are to review competency appropriate for the age group of patient being cared for being via annual personal development review, through practical observation using the assessment in this document. The Learning and Development team will hold records of the venepuncture practice education package once completed and record on the Electronic Staff Record (ESR). Managers to identify suitably qualified phlebotomy assessors in their clinical teams.

Training

Health professionals are expected to undertake learning and development opportunities, supporting both the needs of the individual, and the service area. Personal development plans will be discussed and agreed with line managers through the appraisal process. Training needs of staff within teams are identified within the annual trust training needs analysis.

This training will cover knowledge, skills, competencies and behaviors required to undertake venepuncture. On this basis HEI (Higher Education Institution) training will be compatible. Training will be recorded in our staff members' Electronic staff record. Managers are responsible for updating competency achievement in ESR. Student nurses must be able to present evidence from their HEI of their training and competence (LCHS will support the achievement of competence in practice with students). LCHS will also accept evidence for achievement of competencies in venepuncture from Healthcare professionals who have achieved these in other partnership organisations, however, must demonstrate this observed on 3 separate occasions on commencement of post in LCHS. This should be completed by the delegating registered health practitioner (see Appendix 3,5 according to age group)

Competencies Required by all Staff Undertaking Venepuncture (Adults)

The venepuncture competencies must be achieved within a 4-month period in order to ensure application of knowledge and skills in a timely manner.

Has attended approved recognised theoretical training including the use of medical devices used for venepuncture.

A record of assessment should be sent to LCHS learning and development team to ensure achievement of competency is recorded in ESR.

Dissemination

View from Staff web site, and upon attendance at training session

Resource implication

Mannikin arms are available for simulated practice in the venepuncture training. Practice based assessors will be identified by the manager, with experience and knowledge, ensuring the individual assessment of competence.

1 Introduction

1.1 Lincolnshire Community Health Service (LCHS) supports the extended role of health professionals. New employees with no venepuncture previous training or phlebotomy experience will complete LCHS clinical Phlebotomy training and complete supervised practice and assessment. When assessed as competent a record needs to be sent to the Learning and Development Team. The assessor's clinical judgement also applies to health care professionals and a minimum of 5 successful attempts must be observed and recorded on supervised practice record Appendix 9.

Staff joining the organisation who can demonstrate recent certified phlebotomy training and continued competency will be assessed by the delegating registered practitioner a minimum of 3 times as competent and a record completed to evidence this assessment and the staff members continued competence. This also applies to staff returning from long term sick leave, maternity leave where the staff member has had a gap in clinical practice of more than 6 months to evidence competence has been maintained or where there have been performance issues for which it would be appropriate for a period of re-training ,observation and re-assessment to occur]. Re-assessment of competence when returning to work after a break for sickness should be documented using the form in Appendix 4 or 6 according to patient age . Staff are accountable for their practice and as such should raise any needs for further training with their delegating registered health care professional.

HCSW can be trained in venepuncture for children by the clinicians on the unit using the Competency attached package within Appendix 5 . They are reassessed yearly within the department. There should always be support of competent registered staff within the unit if required.

LCHS supports healthcare students undergoing accredited programmes with HEI's to take blood for investigations on behalf of medical staff provided they have been appropriately trained and are competent to do so. Healthcare students are not permitted to achieve these competencies in a clinic setting (such as a phlebotomy clinic) as they must be assessed via a competent supervisor who is on a professional register and within the context of the practice area. Healthcare students **MUST** demonstrate a minimum **5 successful venous samples**. If the assessor deems that additional practice is required, this is based on their clinical judgement and will only deem the student as competent when they feel they have achieved the required standard of competency. There must be a clear record where assessors are able to document if they deem the student to be competent or not. Students will be able to provide evidence of previous successful venepunctures to their assessors from other Lincolnshire Healthcare Providers and this will be accepted by LCHS.

1.2 There is a need to provide an efficient service to patients that is accessible and timely, in order that care and treatment is not unduly delayed and which prevents the unnecessary

distress to patients should they have to attend an outpatient clinic to have their blood taken for investigation.

1.3 LCHS provides venepuncture services for adults.

Services for children above the age 1 year are offered in outpatients clinics where staff hold the assessed competency appropriate for age appendix 5

1.3 Only those staff and healthcare students under supervision of the appropriate trained healthcare professional are approved to take blood samples after completing the venepuncture training programme will be permitted to perform this procedure, subject to service need and undertaking annual peer review (National Phlebotomy Association 2007). Healthcare support workers who have already achieved competency in venepuncture and are undergoing accredited HEI courses may continue to practice this skill in line with the new standards for education for pre-registration nursing students (NMC, 2018). When healthcare students achieve registration and are employed by LCHS, their achievement of competency from their HEI will be accepted.

1.4 The purpose of this policy is to determine the standards and governance arrangements for staff and healthcare students to be able to undertake venepuncture and ensure services acknowledge their responsibility to ensure safe practice to patients.

2. Duties

2.1 The Director of Nursing will ensure appropriate arrangements are in place to support the implementation of this policy and that monitoring arrangements are in place to determine performance outcomes.

2.2 The Clinical Safety and Effectiveness Group will be responsible for ensuring the implementation of the policy and assuring that standards and governance arrangements are being applied and reported on.

2.3 The Clinical Safety and Effectiveness Group will be responsible for monitoring and reviewing the policy to ensure that the relevant policy guidance is up to date and relevant.

2.4 It will be the responsibility of the Matron / Clinical Service Leads to monitor all new and existing staff undertaking venepuncture within the Trust and ensure they provide safe practice in accordance with the standards set within this guideline. This will include supporting staff and healthcare students to undertake training to extend their role and acquire competence in venepuncture as required by services and monitor staff via 1;1s, appraisals. Re assessment of competency after a break of 6 months or more by demonstrating the maintenance of knowledge and skill to the delegating registered health care practitioner. When considering an incident or a period of significant absence it will be for the delegating health care professional/line manager to establish the maintenance of competency and the need for re-training. Records of re-assessment of competence must be recorded in ESR.

Competencies for each age group of children will be renewed every 3 years

Assessors will be identified by local manager and allocated to the Staff member/ learner.

2.5 Staff and healthcare students undertaking venepuncture will be required to carry out their extended role in accordance with the standards set out within this document.

3. Accountability

3.1 The Code of Professional Conduct (NMC,2018) makes clear that practitioners must acknowledge any limitations in their knowledge and competence and decline any duties or

responsibilities unless able to perform them in a competent manner. The 2018 NMC Code includes the regulation of nurse associates.

3.2 The opportunity to practice the skill to maintain standards of competency is essential together with the opportunity to re-evaluate at yearly intervals that the level of competency has been maintained. The opportunity to review competency can be taken up via regular clinical supervision, direct observation, or at annual personal development reviews.

3.3 When undertaking venepuncture, health professionals have a responsibility to act in the best interest of the patient and follow evidence-based practice. (Rowe 2000)

3.4 The principles of good practice within this policy apply to all staff involved in carrying out venepuncture on behalf of the Trust including those who have honorary contracts with the Trust agreed as part of approved projects and research

3.5 Approval to practice venepuncture will follow both theoretical and practical learning provided.

Competence will be determined when the trainee achieves a level of skill and ability assessed as being able to practice safely without the benefit of direct supervision. This will be achieved by the trainee performing a minimum of 5 venepuncture procedures under direct supervision and successfully achieving the appropriate level of competency. An assessment of competence to practice this skill (Appendix 3 or 5) will be completed by both parties to demonstrate competence achievement and issued to the trainee.

3.6 The NMC (2018) has issued new Preregistration Education Standards (annex b, part 1 2.2) this requires nurses prior to registration to achieve competence in broader range of clinical skills. This underpins the requirement of NHS trusts to support healthcare students in the achievement of clinical skills (venepuncture, cannulation and male catheterisation).

4. Definition

4.1 Venepuncture is the act of insertion of a needle into a vein to withdraw blood. It is a practice skill that can be used by a range of health professionals. Whilst this has previously been an extended skill, the new standards for Education published by the NMC (2018) now consider this to be a skill, healthcare students acquire during their training.

4.2 The vein most used for this purpose is the median cubital vein which lies close to the surface of the skin in the antecubital region.

5. Consent

5.1 This practice skill should be carried out with reference to LCHS Policy for Consent to Examination or Treatment. Supervisors of healthcare students should ensure that patients have been provided with an information leaflet of patient involvement with student learners and consent to a student carrying out this procedure.

5.2 Consent should not be assumed, all service users must be engaged in the process of informed consent.

5.3 As a professional when obtaining consent, you have three key responsibilities: -

- 1) You must act in the best interests of the patient
- 2) You must ensure that the process of gaining consent determines a clear level of Accountability

3) You should ensure that all discussions and decisions relating to obtaining consent are Recorded accurately (RCN, 2019) Mental Capacity Act (MCA, 2005)

6.0 Venepuncture Procedure

The venepuncture procedure will be carried out at the request of medical or appropriately trained staff as per Appendix 7. Should any problems be encountered, solutions should be decided in conjunction with the patient as per Appendix 8

For children

It is the responsibility of the referring clinician to prescribe / provide Local anesthetic. It is the parent/ responsible adult responsibility to apply this 30 minutes prior to attending the appointment.

Venepuncture breaches the closed sterile circulation system, thus providing a potential portal for bacterial entry. The LCHS Aseptic, Sterile Clean technique guideline) must therefore be employed throughout the procedure. Any cuts or abrasions must be covered prior to commencing the procedure, and gloves must be worn. The infection status of the individual, as well as the area, must be considered. Best practice therefore indicates (Marsden Manual 2020)

Wear nonsterile gloves when performing venepuncture. (RCN Nov. 2017)

- Change gloves between patient, wash hands and dispose of appropriately as per policy
- Report inoculation injury – refer to Trust Inoculation Injury guideline
- Report any skin problems to occupational health

Use a CE/UN approved Sharps bin at point of use Results will be interpreted by medical staff, or those clinically trained to do so, who will be responsible for appropriate actions. Delegation of responsibilities should be documented in the patient's records. Since clinical decisions will be based on the results of this procedure, accuracy in following procedure is key. Care must be taken when documenting results when taken over the telephone for accuracy.

It is recognised that on admission to community hospitals that routine blood tests are carried out which may include – full blood count, urea and electrolytes, blood glucose, liver function tests, coagulation screen, thyroid function test and c-reactive protein. Extra tests can be requested (providing gold and lavender bottles sent) within 48 hours of the sample being taken to prevent the further venepuncture of the patient.

Where there is concern about a patients ability to consent assessment of mental capacity must be completed and tests will be taken in accordance with the best interests of the patient. A risk assessment of the safety for a test to be undertaken in the community setting and identification of alternatives to be agreed with the persons medical practitioner. The assessment of capacity and best interests should be recorded in the patient record.

6.1 Sites to Avoid

Site to avoid	Reason
Same side as mastectomy	Risk of infection due to lymphoedema
IV infusion running	Risk of inaccurate result from contamination of sample with IV fluid.
Arterial-Venous Fistula Sites	Surgically constructed site between vein and

	artery for renal dialysis
Hard, Sclerosed, Fibrosed and Thrombosed veins	Risk of failure of venous access and resulting failure to obtain blood sample with risk of need to repeat and painful for patient– use alternative site.
Phlebitis	Inflammation of vein, signs of redness, heat, tracking, swelling. Infection control procedures to prevent thrombo-phlebitis from developing
Sites of recent tattoos	Risk of inflammation and infection
Bruising	Limits access sites ensure pressure applied for 3 minutes post venepuncture. Failure to release tourniquet before removal of needle can cause bruising. May affect the quality of the sample
Cerebrovascular limb site	Avoid as altered sensation and circulation may result in pain or injury for the patient

6.1 Venepuncture Checklist:

- Have you confirmed the identity of the patient?
- Have you obtained informed consent?
- Have you considered local anaesthesia?
- Do you have all the equipment required?
- Does the patient have any sites to avoid as per table 6.1
- Do you have a sharps bin?
- Do you know how to document the procedure?
- What will you do if you are unsuccessful?

6.1 Considerations in selecting a site for venepuncture sites to avoid (Skarparis, Ford, 2018)
Appendix 7

6.2 Unsuccessful venepuncture

Adults; If two unsuccessful attempts at venepuncture have been made by one person, a further two attempts could be carried out by a second person, if the patient is consenting. If venepuncture remains unsuccessful, please contact the requesting practitioner.

Children: If two unsuccessful attempts at venepuncture have been made by one person the procedure should be halted and the requesting practitioner contacted

6.3 Equipment

1. Clean tray or receiver
2. Single patient use tourniquet.
3. 21 swg safety needle (Vacurette) or 21 swg safety winged infusion device and vacutainer single use holder.
4. Plastic tube holder, standard or for blood cultures.
5. Appropriate vacuumed specimen tubes, if undertaking for children the appropriate paediatric bottles
6. Swab saturated with chlorhexidine 2% in 70% alcohol.

7. Low-linting swabs
8. Sterile adhesive plaster or hypoallergenic tape.
9. Specimen request forms
10. Gloves (nonsterile latex/powder free) - sterile if taking blood culture
11. Plastic apron (optional)
12. CE/UN approved Sharps bin
13. Daniels Transport Box – if required to transport equipment to another site/ patient home (Appendix 9)

This is a guide and not exhaustive as equipment/needs change, the practitioner must maintain knowledge of the medical devices being used.

Please Note, if using a winged device, for example a butterfly safety needle with a vacutainer end for difficult, small or fragile veins, a discard tube must be used first. The discard tube must be used to fill the space in the collection tubing; however, the discard tube does not need to be completely filled.

Community staff transporting sharps and blood samples must follow the HSE guidance and take note of the Estates and Facilities Alert EFA/2013/01 issued 21st Jan 2013 which highlights the responsibilities to self and others when transporting sharps and venous blood samples. (Transport of infectious substances UN3373)

A Daniels box allows for a sharps box and transported samples to be secured in the vehicle boot Appendix 10

6.4 Blood Cultures

These should not be seen as a routine investigation. These must only be taken when clinically indicated, where bacteraemia or septic infection is suspected, and before the administration of antibiotics (NICE, 2017). If the patient is undergoing a course of antibiotics already, these cultures should be taken immediately prior to the next dose. Indicators for blood cultures: -

- Pyrexia > 38.3degrees Celsius (LCHS Sepsis Recognition Policy, 2020)
- Local signs of infection
- Abnormal heart rate (raised), blood pressure (low or raised) or respiratory rate (raised)
- Chills or rigors
- raised or very low white blood cell count
- New or worsening confusion.

Please note: signs of sepsis may be minimal or absent in the very young and the elderly.

Blood cultures should always be taken from a fresh stab, not an established peripheral intravenous line. The caps of the bottles should be cleansed using 2% chlorhexidine in 70% isopropyl alcohol and allowed to dry for 30 seconds prior to use. A winged blood collection set is preferred. False positive results, where the sample has been contaminated, should be monitored and be kept below 3%.

6.5 High Risk Patients

LCHS follow the department of health guidelines which are as follows:

The department of Health High Impact Interventions, (2010) identify the following groups are considered High Risk:

- Persons known to be or suspected of being HIV antibody positive.
- Persons known to be or suspected of being Hepatitis B Hbs Ag positive.
- Known intravenous drug abusers.

- Those with identified Creutzfeldt Jakob Disease.
- Haemophiliacs on regular treatment.
- Those persons who present with an illness suggestive of HIV.

1. Specimens from patients with known HIV or Hepatitis B may be taken by the phlebotomist providing the patient has good venous access.
 2. Affix **DANGER OF INFECTION** stickers to each labelled specimen and all copies of request forms. The doctor requesting the investigations must sign the request forms.
 3. The request form must contain all the clinical information to enable laboratory staff to undertake appropriate health and safety precautions. The warning label must be visible, but the clinical information need not be conspicuous to other people. The specimen must be placed and sealed in the transparent transport bag.
 4. The sealed transport bag must be brought to the laboratory immediately and separate from other samples. The bag must be handed to a member of the laboratory staff and not left unattended.
- Staff should be aware of the latest additional infection prevention and control measures that need to be taken in line with COVID-19 Guidance (IPC Highlights Quick Reference Guide, PHE- 2020).

6.6 Safe Order of Draw for Sampling

Blood Cultures are always taken first, followed by: -

Bottle Type	Colour	Test
Citrate	Blue	Coagulation
Gel	Gold	U&E
EDTA	Lavender	FBC/HbA1c
Citrate	Grey	Glucose
Citrate	Black	ESR only
Citrate	Red/ Yellow Ring	Virology/ Microbiology
EDTA	Pink	X-Match

A discharge tube may be needed to be used first if taking blue INR tubes with a winged safety device due to the air space in the tubing which may result in an incorrect fill if discharge tube is not used – white cap with black ring.

All tubes must be mixed to allow accurate testing in the laboratory. Blue and mauve tops should be gently rotated 3-4 times. All other tubes should be rotated 6-8 times. (Dougherty and Lister, 2015)

7.0 Associated Documentation (Available on LCHS public website and staff intranet)

- Guideline Hand washing and the use of hand sanitiser (March 2020)
- Guideline Infection prevention and control guidance management of specimens (Jan 2020)

- Policy Mental Capacity Act including deprivation of liberty safeguards (March 2020)
- Procedure Aseptic, Sterile and clean procedures (Dec 201)
- Consent to Examination and Treatment Policy (Jan 2019)
- Infection prevention policy (Sept 2019)
- Sepsis Recognition Policy (April 2020)
- Guideline –The Safe Use and Handling of Sharps (Sept 2020)
- Incident reporting
- Patient Identification Policy (June 2020)
- Roles, Responsibilities and Competencies for clinical staff (Bands 2-8a) policy
- Management of Therapy Play Equipment G_IPC_24

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213303/Estates-and-facilities-alert-2013-001.pdf

The Sepsis Trust (2017) The Sepsis Manual, 4th Edition (online) available at
<https://sepsistrust.org/?s=the+sepsis+manual>

Lincolnshire Community Health Services (2019) Policy for Consent to Examination or Treatment (online) available at
https://www.lincolnshirecommunityhealthservices.nhs.uk/application/files/7116/0327/2248/P_CIG_05_Policy_for_Consent_to_Examination_or_Treatment.pdf

Mental Capacity Act 2005 http://www.opsi.gov.uk/ACTS/acts2005/ukpga_20050009_en_1

McCall and Tankersley (2012) Phlebotomy essentials. 5th edn. Oxford: Oxford University Press

NICE (2017) Sepsis Recognition, Diagnosis and Early Management. NICE Guideline NG51. Section 1.7. <https://www.nice.org.uk/guidance/ng51/chapter/Recommendations#identifying-people-with-suspected-sepsis>

Public Health England (2020) IPC Highlights Quick Reference Guide, COVID-19 2020)
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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/917954/dangerous-goods-guidance-note-17-document.pdf

North West Anglia Foundation Trust Venepuncture guideline in children within Peterborough city and Stamford Hospitals 2017

RCN competence framework for capillary blood sampling and venipuncture in children and young people

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwin1Mf8h4DvAhUiRxUIHVE9Dm0QFjABegQIARAD&url=https%3A%2F%2Fwww.rcn.org.uk%2F-%2Fmedia%2Froyal-college-of-nursing%2Fdocuments%2Fpublications%2F2016%2Faugust%2F005700.pdf&usg=AOvVaw2LHB9TbjfyH7febVRD6xW>

Monitoring Template

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/audit	Responsible individuals/ group/ committee (multidisciplinary) for review of results	Responsible individuals/ group/ committee for development of action plan	Responsible individuals/ group/ committee for monitoring of action plan
All staff and Healthcare students carrying out this competency	Initial Sign of a competent/ annual review of competency via clinical supervision	Individual Practitioner/ Line Manager Clinical Safety and Effectiveness Group Infection Prevention	Annual	Department Managers Clinical Safety and Effectiveness Group Infection Prevention	Local department managers Clinical Safety and Effectiveness Group Infection Prevention	Local department managers Clinical Safety and Effectiveness Group Infection Prevention

Appendix 2 Equality Analysis

NB - It is the responsibility of the author / reviewer of this document to complete / update the Equality Analysis each time it has a full review and to contact the Equality Diversity and Inclusion Lead if a full equality impact analysis is required

Equality Impact Analysis Screening Form

Title of activity	Venepuncture policy		
Date form completed	4/2/21	Name of lead for this activity	

Analysis undertaken by:		
Name(s)	Job role	Department
Ruth Cocks	Clinical Practice Educator	Effective Practice and Advanced education lead
Rachel Higgins	Equality and Inclusion lead	

What is the aim or objective of this activity?	Policy to ensure the practice of venepuncture is carried safely by competent healthcare professionals/students who have completed the necessary training and can evidence this skill can be performed competently.
Who will this activity impact on? <i>E.g. staff, patients, carers, visitors etc.</i>	Policy relates to an invasive investigative procedure which is performed on patients in response to a health need. There is a need for competent practitioners to be able to perform this skill to ensure provision of care to patients and a service need. Staff impact also relates to sharps injury and contamination of blood products.

Potential impacts on different equality groups:

Equality Group	Potential for positive impact	Neutral Impact	Potential for negative impact	Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	This policy is for patients over the age of 1 year. Within this policy there is specified

				expectations of practice according to age
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Patients undergo venepuncture according to medical need. the procedure can be carried out in a variety of settings resulting in housebound patients not being excluded.</p> <p>Patients who lack mental capacity can have venepuncture if it is in their best interests working within the to the Mental Capacity Act.</p>
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Patients undergo venepuncture according to medical need
Marriage & civil partnerships	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Patients undergo venepuncture according to medical need
Pregnancy & maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Patients undergo venepuncture according to medical need
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Patients undergo venepuncture according to medical need
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Patients undergo venepuncture according to medical need
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Patients undergo venepuncture according to medical need
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Patients undergo venepuncture according to medical need
Additional Impacts <i>(what other groups might this activity impact on? Carers, homeless, travelling communities etc.)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Patients undergo venepuncture according to medical need

If you have ticked one of the above equality groups please complete the following:

Level of impact

	Yes	No
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Could this impact be considered direct or indirect discrimination?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how will you address this?		

	High	Medium	Low
What level do you consider the potential negative impact would be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the negative impact is high, a full equality impact analysis will be required.

Action Plan

How could you minimise or remove any negative impacts identified, even if this is rated low?
How will you monitor this impact or planned actions?
Future review date:

Appendix 3

Competencies Required by all Staff Undertaking Venepuncture (Adults)

The following competencies must be achieved within a 4 month period in order to ensure application of knowledge and skills in a timely manner.

Competency Achieved	Supervised Practice (Date/s)	Assessor Signature and Print Name
Has attended approved recognised theoretical training including the use of medical devices used for venepuncture.		
Understands the relevant normal anatomy and physiology of the arm including major arteries, veins and nerves for safe effective practice (McCall and Tankersley 2012)		
Understands how disease processes cause changes in the structure of veins and the significance of these changes		
Understands the need for positive identification of the correct patient in line with patient identification policy and the associated risks (Patient identification LCHS)		
Understands the reasons for taking blood and is able to explain the procedure clearly to the patient		
Is aware of the physical and psychological comfort of the patient		
Is able to describe informed consent and obtains informed consent before commencing the procedure of venepuncture		
Knows what equipment is required		
Knows the criteria for choosing both a vein and the appropriate device to use		
Knows preferred sites to be used including sites/limbs to avoid		
Knows the appropriate techniques to be used		
Knows what blood bottles should be used for different tests, and order of draw for the vacuum system used.		
Knows the potential problems/risks that may be encountered, how to prevent them, and any		

necessary interventions		
Knows how to restrict blood flow		
Knows how to reduce the risk of bleeding/bruising after the procedure		
Understands associated dangers and always practices basic universal infection control precautions, and Aseptic, sterile and clean procedures.		
Demonstrates the safe use and disposal of equipment, including PPE		
Knows how to prevent & deal with needle stick injuries		
Is able to define clinical competence and accountability, according to their Professional Code of Conduct		
Knows how to deal with a faint and other complications		
Has attended recent Cardio-Pulmonary Resuscitation (CPR) training		
Knows where the emergency equipment is kept		
Has documented process in records		

This is to confirm that, payroll number.....meets all the competencies listed above and is authorised to take blood from patients on behalf of Lincolnshire Community Health Services

Assessor - Print Name.....

Signed Designation

Date.....

Learner print name.....

Learner signature.....Designation.....

On successful completion, copy of assessment to be placed in the staff members personal profile, copy to manager and to the Learning and Development Team who will make entry onto appropriate staff data base – ESR and trained phlebotomists. Managers are responsible for ensuring competencies are recorded in ESR (support and advice can be obtained from the business support team within the Education learning and development team.

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Appendix 4

Competencies Required by all Staff Undertaking Venepuncture (Adults) Re-assessment of competency after a break from clinical practice of more than 6 months or where re-assessment is deemed necessary by line manager following an incident in practice.

Competency Achieved	Supervised Practice (Date/s)	Assessor Signature and Print Name
Has attended approved recognised theoretical training including the use of medical devices used for venepuncture.		
Understands the relevant normal anatomy and physiology of the arm including major arteries, veins and nerves for safe effective practice (McCall and Tankersley 2012)		
Understands how disease processes cause changes in the structure of veins and the significance of these changes		
Understands the need for positive identification of the correct patient in line with patient identification policy and the associated risks (Patient identification LCHS)		
Understands the reasons for taking blood and is able to explain the procedure clearly to the patient		
Is aware of the physical and psychological comfort of the patient		
Is able to describe informed consent and obtains informed consent before commencing the procedure of venepuncture		
Knows what equipment is required		
Knows the criteria for choosing both a vein and the appropriate device to use		
Knows preferred sites to be used including sites/limbs to avoid		
Knows the appropriate techniques to be used		
Knows what blood bottles should be used for different tests, and order of draw for the vacuum system used.		
Knows the potential problems/risks that may		

be encountered, how to prevent them, and any necessary interventions		
Knows how to restrict blood flow		
Knows how to reduce the risk of bleeding/bruising after the procedure		
Understands associated dangers and always practices basic universal infection control precautions, and Aseptic, sterile and clean procedures.		
Demonstrates the safe use and disposal of equipment, including PPE		
Knows how to prevent & deal with needle stick injuries		
Is able to define clinical competence and accountability, according to their Professional Code of Conduct		
Knows how to deal with a faint and other complications		
Has attended recent Cardio-Pulmonary Resuscitation (CPR) training		
Knows where the emergency equipment is kept		
Has documented process in records		
New staff member assessment of Reassessment of competency		

This is to confirm that, payroll number..... has completed a re-assessment of practice and meets all the competencies listed above and is authorised to take blood from patients on behalf of Lincolnshire Community Health Services

Assessor - Print Name.....

Signed Designation

Date.....

Learner print name.....

Learner signature.....Designation.....

On successful completion, copy of assessment to be placed in the staff members personal profile, copy to manager and to the Learning and Development Team who will make entry onto appropriate staff data base – ESR and trained phlebotomists. Managers are responsible for ensuring competencies are recorded in ESR (support and advice can be obtained from the business support team within the Education learning and development team.

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Appendix 5

Competencies Required by all Staff Undertaking Venepuncture CHILD aged 1-16
Re-assessment of competency after a break from clinical practice of more than 6 months or where re-assessment is deemed necessary by line manager following an incident in practice.

Competency Achieved	Record date and assessor signature				
Has attended approved recognised theoretical training including the use of medical devices used for venepuncture.					
Understands the relevant normal anatomy and physiology of the arm including major arteries, veins and nerves for safe effective practice (McCall and Tankersley 2012)					
	Record date and assessor signature				
The clinicians will be able to	1	2	3	4	5
Discuss the principles associated with venepuncture giving rationale for action					
Identify possible problems associated with venepuncture and demonstrate a knowledge of remedial action					
Obtain valid consent for venepuncture according to LCHS policy					
State the resources available for consultation about venepuncture					
Describe how application of the N&MC code of professional conduct (2008) applies to venepuncture (Nurses and Midwives)					
Involve distraction therapy					
Collect all the required equipment and involve play team					
Check documentation and tests beforehand, clarify any discrepancies					

Prepare the required equipment appropriate .					
Wash hands effectively and appropriately in accordance with hospital policy					
Check patients identity according to LCHS policy					
Demonstrate knowledge of size of butterfly/ neonatal needle for purpose					
Perform venepuncture in accordance with policy					
Observe child during and after procedure					
Ensure all equipment is disposed safely according to LCHS Procedure					
Ensure all play equipment is cleaned according to LCHS Policy					
Dispatch blood samples appropriately, ensuring NHS number is written on the samples by the patient's side					
Document relevant information.					
	Record date and assessor signature				
Prepare the patient with regard to	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Obtaining Verbal consent					
Information including potential side effects given to parent					
Comfort .					

Check wristband or verbally confirm (where possible) the patient's identity prior to venepuncture					
Identify a suitable vein					
Observe and record patient reaction during and after procedure					
	Record date and assessor signature				
Following venepuncture observe	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Venepuncture site					
Documentation completed					
Safe disposal of equipment according to LCHS policy					
Specimens appropriately dispatched					

This is to confirm that, assignment number..... has completed a re-assessment of practice and meets all the competencies listed above and is authorised to take blood from children aged 1-16 years on behalf of Lincolnshire Community Health Services

Assessor - Print Name.....

Signed Designation

Date.....

Learner print name.....

Learner signature.....Designation.....

On successful completion, copy of assessment to be placed in the staff members personal profile, copy to manager and to the Learning and Development Team who will make entry onto appropriate staff data base – ESR and trained phlebotomists. Managers are responsible for ensuring competencies are recorded in ESR (support and advice can be obtained from the business support team within the Education learning and development team.

Appendix 6

Competencies Required by all Staff Undertaking Venepuncture children aged 1-16
Re-assessment of competency after a break from clinical practice of more than 6
months or where re-assessment is deemed necessary by line manager following an
incident in practice.

Competency Achieved	Record date and assessor signature				
Has attended approved recognised theoretical training including the use of medical devices used for venepuncture.					
Understands the relevant normal anatomy and physiology of the arm including major arteries, veins and nerves for safe effective practice (McCall and Tankersley 2012)					
	Record date and assessor signature				
The clinicians will be able to	1	2	3	4	5
Discuss the principles associated with venepuncture giving rationale for action					
Identify possible problems associated with venepuncture and demonstrate a knowledge of remedial action					
Obtain valid consent for venepuncture according to LCHS policy					
State the resources available for consultation about venepuncture					
Describe how application of the N&MC code of professional conduct (2008) applies to venepuncture (Nurses and Midwives)					
Involve distraction therapy					
Collect all the required equipment and involve play team					
Check documentation and tests beforehand, clarify any discrepancies					

Prepare the required equipment appropriate					
Wash hands effectively and appropriately in accordance with hospital policy					
Check patients identity according to LCHS policy					
Demonstrate knowledge of size of butterfly/ neonatal needle for purpose					
Perform venepuncture in accordance with policy					
Observe child during and after procedure					
Ensure all equipment is disposed safely according to LCHS Procedure					
Ensure all play equipment is cleaned according to LCHS Policy					
Dispatch blood samples appropriately, ensuring NHS number is written on the samples by the patient's side					
Document relevant information.					
	Record date and assessor signature				
Prepare the patient with regard to	1	2	3	4	5
Obtaining Verbal consent					
Information including potential side effects given to parent					
Comfort					

.					
Check wristband or verbally confirm (where possible) the patient's identity prior to venepuncture					
Identify a suitable vein					
Observe and record patient reaction during and after procedure					
	Record date and assessor signature				
Following venepuncture observe	1	2	3	4	5
Venepuncture site					
Documentation completed					
Safe disposal of equipment according to LCHS policy					
Specimens appropriately dispatched					

This is to confirm that, assignment number..... has completed a re-assessment of practice and meets all the competencies listed above and is authorised to take blood from children aged 1-16 years on behalf of Lincolnshire Community Health Services

Assessor - Print Name.....

Signed Designation

Date.....

Learner print name.....

Learner signature.....Designation.....

On successful completion, copy of assessment to be placed in the staff members personal profile, copy to manager and to the Learning and Development Team who will make entry onto appropriate staff data base – ESR and trained phlebotomists. Managers are responsible for ensuring competencies are recorded in ESR (support

and advice can be obtained from the business support team within the Education learning and development team.

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Appendix 7

Procedure Checklist – Adapted from Marsden Manual (Dougherty & Lister 2011) to include Children and local estates constraints

Action	Rationale
1. Approach the patient in a confident manner and explain and discuss the procedure with the patient.	To ensure that the patient understands the procedure and gives his/her valid consent.
2. Allow the patient to ask questions and discuss any problems which have arisen previously	Anxiety results in vasoconstriction; therefore, a patient who is relaxed will have dilated veins, making access easier.
3. Consult the patient as to any preferences and problems that may have been experienced at previous venepunctures. Check for allergies	To involve the patient in the treatment. To acquaint the nurse fully with the patient's previous venous history and identify any changes in clinical status, e.g. mastectomy, as both may influence vein choice.
4. Check the identity of the patient matches the details on the request form by asking for their full name and date of birth and, in hospitals, checking their identification bracelet.	To ensure the sample is taken from the correct patient.
For children Check of effectiveness topical anaesthesia and reapply if necessary.	To minimise pain and discomfort for the child during procedure and to allay anxieties for any future blood sampling
For children Involve competent staff with distraction therapy, seek their advice re care plans for children with complex needs with carer attending with child or regular attendees	To minimise anxieties, to gain cooperation and to increase a positive outcome for the child/parent, and for the procedure to be completed competently and efficiently.
5. Assemble the equipment necessary for venepuncture. Choose relevant sampling device, based on vein size, site etc	To ensure that time is not wasted, and that the procedure goes smoothly without unnecessary interruptions.
6. Carefully wash hands using soap and water or bactericidal alcohol hand rub, and dry before commencement	To minimise risk of infection.
7. Check hands for any visibly broken skin,	To minimise the risk of contamination to the

and cover with a waterproof dressing.	practitioner.
8. Check all packaging before opening and preparing the equipment on the chosen clean receptacle	To maintain asepsis throughout and check that no equipment is damaged.
9. Take all the equipment to the patient, exhibiting a competent manner Support the chosen limb on a pillow.	To help the patient feel more at ease with the procedure. To ensure the patient's comfort and facilitate venous access.
10. In both an inpatient and an outpatient situation, lighting, ventilation, privacy and positioning must be checked	To ensure that both patient and operator are comfortable, and that adequate light is available to illuminate this procedure.
11. Apply single patient use tourniquet, assess, palpate and select appropriate vein. For children Apply tourniquet, this should be done using a hand to gently encircle the limb; a disposable tourniquet may be used in older children who are able to consent to this, if manual tourniquet is insufficient. If using disposable tourniquet; check radial pulse	To reduce discomfort from prolonged use of tourniquet, and ensure sample is not affected by prolonged pressure For children To promote filling of vein and by using manual tourniquet it is less frightening for the younger child. To ensure arterial flow is not impeded
12. Should venous access need to be improved: - The arm may be placed in dependant position. The patient may assist by clenching and unclenching the fist. The veins may be tapped gently or lightly stroked If all these measures are unsuccessful, remove the tourniquet, apply moist heat Reapply tourniquet, apply personal protective equipment	To increase the prominence of the veins To promote blood flow and therefore distend the veins To maintain asepsis, minimise risk of infection and prevent possible contamination of the professional
13. Clean the patients skin using appropriate skin preparation (70 % alcohol impregnated swab for 30 seconds) and allow to dry	To maintain asepsis and minimise risk of infection
14. Remove needle carefully from the cover and inspect device	To detect faulty equipment e.g. bent or barbed needles – if faulty place in sharps container
15. Anchor the vein by applying manual traction on the skin a few cm below the proposed insertion site. Insert the needle smoothly at an angle of about 30 degrees, dependant on size and depth of vein	To immobilise the vein. To prevent counter tension to the vein which will facilitate a smoother entry
16. Reduce the angle of descent of the needle as soon as a flashback of blood is	To prevent advancing too far through vein wall and causing damage to the vessel

seen in the vacutainer device or when entry to the vein wall is felt	
17. Slightly advance the needle into the vein if possible Do not exert any pressure on the needle	To stabilise the device in the vein and prevent it from becoming dislodged during withdrawal of blood To prevent a puncture occurring through a vein wall
18. Gently but firmly push bottles onto end of WID through the vacutainer holder and withdraw blood for sampling in appropriate order, ensuring that the vacutainer fills to the required level Remove tube from plastic tube holder	To allow the vacutainer bottles to fill with Blood To obtain full samples for accurate reporting of results and to reduce the risk of transferring additives from one tube to another and bacterial contamination of blood cultures To prevent spillage caused by vacuum in tube
19. Release the tourniquet. In some instances this may be necessary at the beginning of sampling as inaccurate measurements caused by haemostasis may occur e.g. when taking blood for calcium levels For children Maximum constriction time should be 60 seconds. If still sampling after 60 seconds, release tourniquet and continue to sample blood.	To decrease pressure on the vein For children Longer constriction can cause a shift in molecular concentration discomfort increased anxiety and cause false results.
20. Pick up swab and place over the puncture point Remove the needle but do not apply pressure until the needle has been fully removed	To prevent pain on removal and damage to the intima of the vein
21. Do not re-sheath needle; dispose of needle into CE/UN approved sharps bin or activate safety device	To reduce the risk of sharps injury
22. Apply digital pressure directly over the site To stop leakage and haematoma formation. Pressure should be applied until bleeding has ceased. May need longer in patients who have a disease that/or are on medications that interfere with clotting mechanisms formation.	To preserve vein by preventing bruising. To prevent leakage and haematoma formation.
23. Gently invert the blood tubes six times	To prevent damage to blood cells and to mix with additives
24. Immediately label the bottles with the patient's relevant details (at the bedside). Addressograph labels should be used if possible on forms but not sample bottles.	To ensure that the specimens from the right patient are delivered to the laboratory, the requested tests are performed and returned to the patient's records. (<i>Refer to</i>

In the case of blood cultures take care to not contaminate sample	<i>Path links Guidance – National Safety Patient Guidelines)</i>
25. Inspect the puncture point before applying a dressing	To check the puncture point has sealed
26. Ascertain whether the patient is allergic to adhesive plaster	To prevent an allergic reaction
27. Apply suitable dressing plaster	To cover the puncture point and prevent leakage or contamination
28. Ensure patient is comfortable	To ascertain if any other measures need to be taken
29. Follow local LCHS policy for collection and transportation of specimens to the laboratory – Ensure policy guidance followed for management of high risk specimens	To make sure that specimens reach their intended destination
30. Remove gloves and discard of appropriately – wash hands	Discard waste correctly in accordance with LCHS Guidelines and local policy To ensure safe disposal and avoid any injuries to staff. To prevent re-use of equipment
31. Ensure patient receives advice re accessing results of investigations	Promotes good relations

Appendix 8
Problem Solving

Problem	Cause	Prevention	Suggested Action
Pain	Puncturing an artery	Knowledge of location of an artery. Palpate vessel for pulse.	Remove device immediately and apply pressure until bleeding stops. Explain to patient what has happened. Inform patient to contact doctor if pain continues or there is increasing swelling or bruising. Document in the patient's notes. Provide information leaflet.
	Touching a nerve (sharp, shooting pain along arm and fingers)	Knowledge of location of nerves.	Remove the needle immediately and apply pressure. Explain to the patient what has happened and that the pain or numbness may last a few hours. Document in the patient's notes.
	Use of vein in sensitive area (e.g. wrist)	Avoid excessive or blind probing after needle has been inserted.	Inform patient to contact doctor if pain continues or becomes worse. Provide information leaflet.
		Avoid using veins in sensitive areas wherever possible. Use local anaesthetic cream	Complete procedure as quickly as possible.
Anxiety	Previous trauma.	Use all methods Minimise the risk of a traumatic venepuncture available to ensure successful venepuncture.	
	Fear of needles		All above and perhaps referral to a psychologist if fear is of

			phobic proportions.
Limited venous access	Repeated use of same veins. Peripheral shutdown Dehydration Hardened veins (due to scarring and thrombosis)	Use alternative sites if possible Ensure the room is not cold	Do not attempt the procedure unless experienced. Put patient's arm in warm water. Apply glycerol trinitrate patch. May be necessary to rehydrate patient prior to venepuncture. Do not use these veins as venepuncture will be unsuccessful.
Bruising and/or haematoma	Needle has punctured the posterior wall of the vein. Inadequate pressure on removal of needle. Forgetting to remove the tourniquet before removing the needle. Poor technique/choice of vein or device.	Lower angle of insertion. The practitioner should apply pressure. Ensure correct device and technique are used.	Remove the needle and apply pressure at the venepuncture site until bleeding stops. The following actions apply regardless of cause: a. Elevate the limb b. Apply ice pack if necessary c. Apply Hirudoid cream or arnica cream (as per instructions) with pressure dressing. Explain to patient what has happened. Inform patient to contact doctor if area becomes more painful as haematoma may be pressing on a nerve. Do not re-apply tourniquet to affected limb. Provide information leaflet. Document.
Infection at the Venepuncture site.	Poor aseptic technique.	Ensure good hand washing, adequate skin cleaning, wearing PPE.	Report to doctor as patient may require systemic or local antibiotics.
Vasovagal reaction	Fear of needles. Pain		Place patient's head between his or her legs if patient is feeling faint. Encourage patient to lie down. Call for assistance. It may be appropriate to secure the device (short term) in case it is required for the administration of medication

	Warm environment	Ensure environment is comfortable temperature	Open a window or door.
Needle inoculation of or contamination to practitioner	Unsafe practice. Incorrect disposal of sharps.	Maintain safe practice. Activate safety device if applicable. Ensure sharps are disposed of immediately and safely. Use of safety needles	Follow accident procedure for sharps injury, e.g. make site bleed, dry and apply a waterproof dressing. Report (datix/occupational health) and document. An injection of hepatitis B immunoglobulin or triple therapy may be required.
Accidental blood spillage.	Damaged/faulty equipment. Reverse vacuum	Check equipment prior to use. Use vacuumed plastic blood collection system. Remove blood tube from plastic tube holder before removing needle.	Ensure blood is handled and transported correctly.
Missed vein	Inadequate anchoring. Poor vein selection. Wrong positioning. Lack of concentration. Poor lighting. Difficult venous access	Ensure that only properly trained staff perform venepuncture or that those who are training are supervised.	Withdraw the needle slightly and realign it, providing the patient is not feeling any discomfort. Ensure all learners are supervised. If the patient is feeling pain, then the needle should be removed immediately. Ask experienced colleague to perform the procedure.
Spurt of blood on entry.	Bevel tip of needle enters the vein before entire bevel is under the skin'; usually occurs when the vein is very superficial.		Reassure the patient. Wipe blood away on removal of needle.
Blood stops flowing.	Through puncture: needle inserted too far. Contact with valves.	Correct angle. Palpate to locate	Drawn back the needle, but if bruising is evident, then remove the needle immediately and apply pressure. Withdraw needle slightly to move tip away from valve.

	Venous spasm.	Results from mechanical irritation and cannot be prevented.	Gently massage about the vein or apply heat. Release tourniquet, allow veins to refill and retighten tourniquet.
	Vein collapse	Use veins with large lumen. Use a smaller device.	May require another venepuncture.
	Small vein	Avoid use of small veins wherever possible	Apply heat above vein.
	Poor blood flow.	Use veins with large lumens.	

Appendix 10

Daniels Box - <https://www.daniels.co.uk/product/daniels-community-nursing-container-small/>



