

EMERGENCY DEPARTMENT POLICIES

SUBJECT:	Blood Sample Collection and Labeling	NO. 25.2
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Original Date of Issue: 4/05

Reviewed:	4/06						
Revised:							

Patient Population

Neonate	√
Pediatric	√
Adolescent	√
Adult	√
Geriatric	√

PURPOSE:

To ensure the accuracy of drawing, labeling, processing and handling all blood specimens and requests for blood testing in the ED, recognizing that the volume of patients, specimens and urgency in the emergency department may increase the risk for mislabeling.

PROCEDURE:

- 1) The triage nurse **must** place an ID band on every patient at ***time of triage***. The ID band may either be hand written with the patient’s last name, first name and date of birth or a computer generated label. Before placing the ID band on the patient, the nurse must either ask the patient to state his name or the patient must be identified by a family member or friend who is present in the ED. All reasonable attempts will be made to accurately identify patients who are unresponsive and unaccompanied.

- 2) After a full registration is completed, the registrar will print out a computerized label. The computerized label must be compared to the handwritten ID band. Once verified, the computerized label will be placed over the hand written information.

- 3) The person preparing to draw a blood specimen from the patient will verify patient name and date of birth by asking the patient to state his/her name and date of birth. For nonverbal or confused patients, a family member will be asked to identify the patient. The information given by the patient/family will be compared with the information on the ID band. If there is no discrepancy the phlebotomist may proceed with blood specimen collection.

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- 4) The blood specimens ***must be labeled at the patient's side*** by the phlebotomist with the bar-coded label or a computerized label. In the event that the blood is collected during an emergency and computerized labels are not readily available, the patient's name must be handwritten onto the specimen tube label at the bedside. Once the computerized label is available, crosscheck the handwritten name on the tube with the computerized label before placing label on the tube. This label should NOT cover the handwritten information.
- 5) Specimens must be place in the specimen bag.
- 6) Once the bar-coded labels are generated, the specimens are prepared for transport to the laboratory by pneumatic tube per the hospital protocol.
- 7) The phlebotomist documents in the patient's record that the specimens were collected & sent to the lab.

Reference:

Proehl, J. (1999). Emergency Nursing Procedures (2nd Edition). Philadelphia: W.B. Saunders