

# In-Home Blood Drawing and Testing Services SOP

## Revision History

Version	Date	Author	Description of Changes	Reviewed By / Date
1.0	9/16/2023	[Insert Name]	New document to provide employees with instructions on the in-home phlebotomy process.	[Insert Name / Date]

## Purpose

The purpose of this SOP is to provide the instructions for in-home blood drawing and testing services that will be performed by the phlebotomist and ordering clinicians.

## Scope

This procedure applies to physicians, nurse practitioners, and mobile phlebotomists regarding in-home blood drawing and testing services. This procedure does not include instructions for performing phlebotomy procedures in any other setting outside of the patient's home.

## References

For details about procedures outside of a patient's home setting, please refer to the Aculabs Phlebotomy Manual. Double click the PDF icon below to open the file.



2018-Phlebotomy-  
Manual (1).pdf

## Terms and Definitions

The table below lists the terms and their corresponding definitions used throughout this SOP.

Term	Definition
Mobile Phlebotomist	[Please provide definitions for these terms Add terms and definitions as necessary]
Mobile Lab Work Service	
Home Blind Patient	

## Roles and Responsibilities

The table below outlines the roles and responsibilities of every individual involved in this process.

Role	Responsibilities
Patient Scheduling	[Please describe the responsibilities of each role Add roles and responsibilities as necessary]
Physician Order	
Online Test Results	

## Procedure

### Part 1. Test Requisition

1. Complete all required fields on the requisition form to order the in-home blood draw test.
  - a. The test requisition must include the following information: patient information, facility information, billing information, test information.
  - b. If the test requisition is completed incorrectly, the phlebotomist shall ask for the required information from a nurse or other authorized personnel in the Extended Care Facility. If information cannot be obtained by authorized personnel, ask the for the appropriate diagnostic code (ICD-10 Code).
2. Once the test request is accepted, initiate patient contact.
3. File the test requisition with the patient's medical records.

### Part 2. Arrive at Patient's Home

**NOTE:** For instructions on handling special and/or difficult patient situations, please refer to Section VII and Section VIII of the Aculabs Phlebotomy Manual (SOP No: 000.19).

1. Navigate to the patient's home.
  - a. Check the requisition and verify that all the necessary equipment is in the blood collecting kit (phlebotomy kit).
  - b. Arrange the test request according to priority.
2. Proceed to the patient's room (home).
  - a. Knock before entering and greet the patient politely.
3. Identify yourself to the patient by stating your name, that you are from the lab, and why you are there.
  - a. The Lab performs analytical testing only upon receipt of a request form from physician or other authorized medical personnel.
4. Identify the patient. Ask the patient, "What is your full name?" Do not draw if the patient's identity has not been established.
  - a. Ensure the full name provided by the patient matches the identification band and test requisition.
  - b. The phlebotomist may also identify patient by one of the following active identifiers:
    - i. Assigned identification number
    - ii. Patient's birth date
    - iii. Social Security number
    - iv. Photo ID, etc.
  - c. If there is a discrepancy with the patient's identification, notify the patient's nurse. If the patient's nurse verifies the patient, the phlebotomist must document on the test requisition that the 'patient identified by (who)' followed by that nurse's signature.

### Part 3. Routine Evacuated Tube System / Order of Draw / Venipuncture

1. When the patient is ready, position the patient so that:
  - a. The vein you use is readily accessible.
  - b. You are able to work in a comfortable position.
  - c. **NOTE:** If the patient is not in a bed, use the patient's table. Place the patient's table in a position where the arm can be placed across the table. If necessary, put a small pillow

- or towel under the patient's arm to support the extended arm. Remember to lock wheelchairs when drawing blood.
2. Obtain the Phlebotomy Kit (for instructions on kit cleaning, maintenance, and resupplying, refer to Section V of the Aculabs Phlebotomy Manual, SOP No: 000.19).
  3. Don properly fitted gloves.
  4. Locate the vein before cleansing the skin. Use the tip of the index finger to palpate or feel veins to determine their suitability or to locate veins that cannot be seen. Do not select a vein that feels hard.
  5. Insert the first tube into needle with pre-attached holder ready to use right out of the package, with no assembly required and pull back pink safety shield toward the holder and twist and pull green needle cap straight off.
  6. Place the tourniquet between the elbow and the shoulder (about 2 to 4 inches above the elbow). If more than 2 minutes have passed while looking for vein you must release the tourniquet and reapply the tourniquet to try and find another vein.
    - a. **NOTE:** Do not draw from a site other than a patient's arm; this includes the hand if needed. Any other site is prohibited. Do not draw a site where an IV, Fistula, Shunt, Arterial lines, Heparin lock, indwelling line, and implanted port is located. Use the other arm. Aculabs phlebotomists are not permitted to do venipuncture on these sites.
  7. Scrub the area for venipuncture with a 70% alcohol prep pad for 30 seconds in a circular motion.
    - a. If by any circumstance, you touch the cleaned area, you must re-clean the area with alcohol. Allow alcohol to dry.
  8. Next, use a 1% to 2% tincture of iodine for 30 seconds or a Povidone-iodine swab stick for 60 seconds to cleanse the site. Beginning in the center and moving outward in concentric circles without going over any area more than once. Cover an area about 3 to 4 inches.
  9. Allow the site to air dry.
  10. Position the evacuated tube into tube holder, holding it firmly and keeping it steady as the tube fills with blood.
    - a. Although the analytic instrumentation may only require 1.0mL of sample, collect enough venous blood as required for the type of evacuated tube system used.
    - b. If the patient experiences any of the following during phlebotomy, immediately stop venipuncture, bandage the site, and seek assistance from the nurse on the unit:
      - i. Fainting,
      - ii. Seizure,
      - iii. Any injury, including hematoma.
  11. Release the tourniquet just before the needle is removed from vein, to avoid a hematoma (bruise).
  12. Place the gauze before the needle is removed.
    - a. Place pressure over the venipuncture site making sure bleeding has stopped.
    - b. Re-check the site to see if bleeding has stopped then bandage the puncture site.
  13. Dispose needle with safety shield into the sharp Biohazard Container and dispose other contaminated material in the proper biohazard container.

#### Part 4. Post-Venipuncture Process

1. Label specimen tube with:
  - a. Patient's last name and first name
  - b. Numeric label from matching requisition form
  - c. Time and date of collection when necessary