

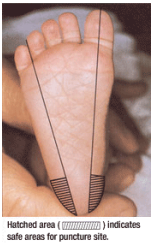
The Johns Hopkins Hospital
 Department of Gynecology and Obstetrics
Neonatal Capillary Heelstick Blood Sampling
Pre-Assessment

Name: _____ Title: _____ Date: _____

Directions:

1. Complete this pre-assessment by providing the rationale for the heelstick procedure below (**Do not complete shaded areas.**)
2. Return the pre-assessment to Cathy Treanor or Angella Olden.
3. Resources are available online to assist you in completing this pre-assessment:
<http://www.insidehopkinsmedicine.org/gynob/nursing/staffed/index.cfm>






Expected Outcome: Adequate blood specimen with one heel puncture and without difficulty

Procedure/Rationale/Expected Outcomes	
PROCEDURE	RATIONALE <i>(State the rationale below)</i>
1. Perform hand hygiene and apply clean gloves.	
2. Verify the patient's identity using two patient identifiers.	
3. Warm the heel with a disposable heel warmer or moist warm cloth for 5 to 10 minutes prior to the procedure.	
4. Gather necessary supplies and prepare for procedure. All blood specimens should be collected within 2 minutes.	
5. Position infant for comfort. Visually inspect intended capillary collection site. <i>(Include site location with the rationale for this step in the procedure)</i>	
6. Clean the heel site with antiseptic and allow to air dry completely.	
7. Firmly grasp heel with nondominant hand without contaminating the heel.	
8. Place automatic puncture device firmly against the site. Make the puncture parallel to the length of the infant's foot.	
9. Make puncture by depressing the device plunger with index finger.	
10. Discard automatic puncture device in sharps container.	
11. Wipe away the first drop of blood using dry, sterile gauze. Hold infant's foot in downward position.	

Procedure/Rationale/Expected Outcomes	
PROCEDURE	RATIONALE <i>(State the rationale below)</i>
12. Gently pump the foot intermittently, using your thumb (Allow the capillary beds to refill). Do not squeeze or milk the heel.	
13. Allow blood to flow into microtainer tube while holding at 30° to 45° angle. Do not allow the microtainer tube to scrape the puncture site.	
14. Follow order of collection: <ul style="list-style-type: none"> • EDTA specimen (Lavendar), other additives (Green and Yellow), and no additives (Red). 	
15. When collecting blood in EDTA tube, mix the blood with the anticoagulant every 3 drops by gently rotating the microtainer tube.	
16. Fill microtainer tubes quickly to the appropriate level.	
17. Cap the microtainer tube (push cap downward) and invert microtainer per manufacturer's recommendations.	
18. Apply pressure to puncture site with dry gauze while elevating the foot above the infant's body.	
19. Apply adhesive bandage to the puncture site.	
20. Label the specimens at the infant's bedside and send to the lab.	
21. Remove gloves and discard with supplies in proper trash receptacles. Perform hand hygiene.	
22. Scan lab label and send specimen to the lab	
23. Document the procedure in the patient's record.	

24. List 3 unexpected outcomes (i.e. nerve damage) that may occur if the heelstick is performed incorrectly:

25. List Order for Blood Draw for Heelstick Procedure – Refer to BD Microtainer Tube Handout

MICROTAINER					
Order of Blood Draw (1, 2, 3, 4, 5)					
MIX BY INVERTING (# of TIMES)					