

JHH Department of GYN/OB Nursing
Capillary Heelstick Blood Sampling in Infants
Competency Sign-off

NAME: _____ TITLE: _____ BADGE ID: _____

SKILLS CHECK LIST - Capillary Heelstick Blood Sampling in Infants		
Pre-assessment	Completion Date:	Validated by:
Capillary heelstick blood sampling		
Competency Behavior	Comments	
<ol style="list-style-type: none"> 1. Performed hand hygiene and applied clean gloves. 2. Verified patient's identity using two patient identifiers 3. Warmed heel 5 to 10 minutes prior to the procedure. 4. Gathered necessary supplies for procedure. 		
<ol style="list-style-type: none"> 5. Positioned the infant for comfort. Visually inspected intended capillary collection site. 6. Cleaned the heel site with antiseptic and allowed to air dry completely. 7. Firmly grasped the heel with non-dominant hand without contaminating site. 8. Placed automatic puncture device firmly against the heel. 9. Completely depressed the trigger on the puncture device with index finger. 10. Discarded automatic puncture device in the sharps container. 		
<ol style="list-style-type: none"> 11. Wiped away the first drop of blood using sterile gauze. 12. Gently pump the foot intermittently. 13. Allowed blood to flow into microtainer tube (No squeezing of the foot, milking or scraping the puncture site). 14. Followed order of collection: EDTA tubes (Lavendar), other additive tubes (Green or Yellow), and no additives (Red). 15. Filled microtainer tubes quickly to the appropriate level. 16. When collecting blood in EDTA tube, the blood is mixed with the anticoagulant every 3 drops by gently rotating the tube. 17. Capped microtainer tubes securely and invert tube per manufacturer's recommendations. 		
<ol style="list-style-type: none"> 18. Applied pressure to puncture site with dry gauze while elevating foot above the infant's body. 19. Applied a small adhesive bandage to the puncture site. 20. Labeled the specimens (at bedside). 21. Removed gloves and perform hand hygiene. 22. Scanned lab label and tubed blood specimen to the lab. 23. Documented the procedure in the patient's record. 		
<input type="checkbox"/> Proficient <input type="checkbox"/> Not Proficient VALIDATED BY: _____		DATE: _____

Heelstick Capillary Blood Samples *(Staff required to complete 3 hematology lab samples successfully)*

Educator/Designee: _____

Date: _____