

Venepuncture to obtain Blood Cultures and blood samples Please demonstrate the procedure for obtaining blood cultures and blood samples from a patient.		Self	Peer	Tutor
Names at least 3 clinical indications for taking blood cultures	<ul style="list-style-type: none"> ● Core temperature outside normal range ● Chills or rigors ● Tachycardia ● Breathlessness or tachypnoea ● Hypoxia ● White cell count outside normal range ● Unexplained confusion ● Focal signs of infection ● Unexplained deterioration ● Sepsis screening tool 			
Names at least 2 clinical indications for taking blood samples	<ul style="list-style-type: none"> ● Diagnostic purposes ● Baseline pre-operatively ● Monitoring blood components ● Monitor drug levels e.g. INR/ Digoxin levels ● Cross match ● Unexplained illness and / or deterioration 			
Explains timing of blood cultures	<ul style="list-style-type: none"> ● Explains blood cultures should be taken as soon as bacteraemia is suspected and ideally before commencing antibiotic therapy (or before the next dose is administered if already receiving antibiotic treatment). ● States that if other blood samples are required, blood cultures should be taken first. 			
Explains principles Reduce risk of contamination from existing site Can be difficult to disinfect femoral vein = dignity compromised	<ul style="list-style-type: none"> ● Names veins normally used - cephalic / basilic and median cubital ● States blood cultures should only be taken from new sites unless an existing central venous cannula is suspected to be the source of the infection. ● Explains why veins proximal to existing cannulas/ IV infusions must not be used. ● Can state that bloods have an order of draw ensuring that chemicals and preservatives do not contaminate the next blood sample to be taken. <ul style="list-style-type: none"> ● Explains why femoral vein should be avoided 			
Lists cautions, contraindications complications	<p><u>CAUTIONS</u></p> <ul style="list-style-type: none"> ● Areas of fibrosis, infection, oedema, haematoma, bruising <p><u>CONTRAINDICATIONS</u></p> <ul style="list-style-type: none"> ● Affected sides in patients post mastectomy or stroke ● Sites with Fistulas or vascular grafts ● Sites with infusions running ● Sites of recent venepuncture <p><u>COMPLICATIONS</u></p> <ul style="list-style-type: none"> ● Pain, bleeding, haematoma, infection ● Haemolysis/abnormal blood results (due to tourniquet being on too long) ● Syncope 			
Demonstrates procedure including: infection prevention communication informed consent equipment selection documentation professionalism	<ul style="list-style-type: none"> ● Collects blood request form ● Washes hands with soap and water ● Introduces themselves to patient ● Identifies patient and checks hospital number ● Obtains informed consent ● Checks if patient has any allergies ● Encourages the patient to ask questions throughout the procedure ● Applies apron (gloves optional) and cleans tray using detergent wipes, followed by disinfectant wipes ● Removes apron (and gloves if worn) and cleans hands ● Collects equipment & checks expiry dates: <ul style="list-style-type: none"> ➢ Non-sterile gloves and apron ➢ Clean tray and sharps bin 			

	<ul style="list-style-type: none"> ➤ Disposable tourniquet ➤ Skin cleanser and bottle wipes (2% Chlorhexidine/ 70% alcohol) (3 wipes in total) ➤ Trust specific blood culture collection set ➤ Blood culture & sample bottles if required ➤ Sterile gauze and tape or plaster ➤ Trust specific documentation <ul style="list-style-type: none"> ● Demonstrates an aseptic non-touch technique ● Alcohol gels hands ● Applies tourniquet approx 10cm above potential puncture site and ensures it's tight enough to impede the vein but not too tight to occlude the artery (2 fingers under tourniquet, checks radial pulse). Palpates and identifies vein then removes tourniquet. (tourniquet on for 1 minute max) ● Alcohol gels hands and applies non sterile gloves ● Cleans vein for 30 seconds with skin cleanser (2% Chlorhexidine/ 70% alcohol) and allows it to dry for 30 seconds. ● Removes caps from blood culture bottles and cleans rubber top with bottle wipes (2% Chlorhexidine/ 70% alcohol) different swab for each bottle for 15 - 30 seconds and allows them to dry ● Reapplies tourniquet as previous (10cm above, checking tightness) ● Prepares safety blood collection device and warns patient of imminent scratch ● Inserts needle at 10° to 45° with bevel facing up ● Once flashback is seen attaches aerobic bottle (blue) and fills (5 – 10ml), then fills anaerobic bottle (dark pink) (5-10mls) ensuring bottle is held upright on a flat surface ● Continues with other blood samples as required and remembers to invert samples gently 6-8 times. ● Releases tourniquet when first (according to UHCW trust policy) sample is introduced into blood collection set and continue to fill other bottles according to the order of draw ● Removes final bottle from blood collection device, covers puncture site with sterile gauze, and engages needle safety mechanism as the needle is removed. ● Applies pressure to site with sterile gauze for at least 2 minutes ● Applies fresh gauze and tape or sterile plaster ● Thanks patient & removes gloves (prior to disposal of waste) ● Fills in sample details at bedside ● Disposes of waste ● Washes hands ● Ensures blood culture bar codes are put into the medical notes ● Sends samples to lab using blood request form ● Documents procedure Informs team members 			
Overall ability to perform the procedure	Assess globally, would you be happy for this student to be supervised to obtain blood cultures?			
Self-assessed as at least pass:	Signature Date			
Peer-assessed ready for tutor assessment:	Signature Date			
Tutor assessed:	Signature Date			

Notes:

F=Fail B = Borderline P=Pass G = Good E=Excellent