

Policy #:	408 (PLH-408-04)	Effective Date:	NA	Reviewed Date:	2/1/2010
Subject:	MICRO COLLECTIONS				
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MICRO COLLECTIONS

INDICATION FOR USE

Micro-sampling refers to blood collection from the finger, toe, heel, or earlobe. It is usually performed on patients in the following conditions:

1. Young children or babies, because volume is a concern.
2. Veins are too damaged to be used.
3. Patients who are badly burned, bandaged, or have IVs that interfere.

PROCEDURE

BEFORE BEGINNING ANY PROCEDURE—**ACCURATELY IDENTIFY THE PATIENT**

Follow the proper protocol to identify the patient using the electronic patient identification system or make positive identification of the patient by checking hospital armband for patient's name and hospital number. Make sure the name and number correspond with the request label. When possible the patient's identity should be verified by asking the patient to identify him or herself. Any discrepancies must be clarified before the puncture is performed. If the patient is not wearing an armband, tell the nurse you are not permitted to draw the sample until the patient is wearing an armband. (Clients and walk-in outpatients in the stick room do not always have an armband. They should be identified by having them state their full name and some other identifying piece of information—date of birth, Social Security number, street address, etc. This is the only permissible exception.)

1. Choose an appropriate site. In adults, the ring finger or middle finger is preferred. The index finger may be used, but should be avoided due to the large number of nerve endings in that location which can cause more discomfort than other sites. The fourth (pinkie) finger should not be used due to the small amount of tissue in this finger. In the case of infants, the heel should be used if the baby is not walking. After the baby begins to walk, finger sticks should be performed to obtain blood specimens.
2. Scrub the preferred site with an alcohol prep pad. This removes dead cells, dirt, and increases circulation.
3. Allow the area to air dry. If the site is wet, the blood will not form a round drop.

4. Hold the site firmly. Using a sterile blood lancet, or a Tenderfoot blood collection device, make a deep puncture on the site. Use a quick and firm hammer motion. A deep puncture is no more painful than a superficial one and will give a good blood flow and prevent the necessity of a second puncture. (NOTE: The lancet used on infant should have a puncture depth of no more than 2.0mm)
5. Using dry gauze, wipe away the first drop of blood to prevent contamination with tissue fluids and alcohol.
6. Apply pressure behind the puncture to obtain blood. Release pressure for a moment to allow circulation to return. Repeat until enough blood is obtained. Remember to invert tubes gently after collection to properly mix additive and blood.
7. Apply dry gauze to the puncture site, using slight pressure until the bleeding stops.

ORDER of DRAW (per NCCLS Document H4-A4)

1. EDTA (purple)
2. Other additive tubes
3. Serum tubes

NOTES

1. Do not squeeze too tightly or massage too hard. This will cause tissue fluids to mix with and dilute the blood.
2. Wipe the finger dry after each test if doing multiple hematology tests. Platelets will begin to clump at the puncture site.
3. If using heels on babies, it may be helpful to warm the heel first by using a warm towel.
4. Avoid edematous areas. Callouses can make the task difficult. Cold areas can affect results—massage the area lightly or warm with a warm cloth to increase circulation.