Readyward
Make up ground, intelligently.

PHLEBOTOMY CERTIFICATION

1-PAGE HIGH-YIELD REVIEW / GENERAL

VENIPUNCTURE ORDER OF DRAW

1. CULTURES
2. LIGHT BLUE
3. SERUM
4. HEPARIN
5. EDTA
6. GRAY

Why this order? Prevent carryover of tube additives into later specimens. Specialty tubes: follow their additive.

TUBE ADDITIVE + TYPICAL USE

Light blue: sodium citrate 3.2% / coagulation (PT/INR, aPTT). **Fill to line:** 9:1 blood-to-citrate ratio.

Red / gold: serum; red may be plain or have clot activator; gold SST has activator + gel / chemistry, serology.

Green: lithium or sodium heparin / plasma chemistry.

Lavender / pink: EDTA / CBC, hematology; pink often used for blood bank.

Gray: glycolysis inhibitor (often fluoride/oxalate) / glucose.

Cultures: culture bottles or designated culture tube / microbiology.

SAFE DRAW: MEMORIZE THE SEQUENCE

1. Verify order, timing/fasting, consent and two identifiers; position patient safely.

2. Hand hygiene + gloves; select site (median cubital often preferred); apply tourniquet.

3. Clean skin; let dry. Anchor vein; enter **bevel up, 30° or less.**

4. Collect tubes in order; fill properly. **Invert** additive tubes gently; never shake.

5. Release tourniquet before needle removal. Withdraw; activate safety device; discard in sharps.

6. Apply pressure until bleeding stops; label specimens **in patient's presence.**

NUMBERS + QUICK DISTINCTIONS

2 independent patient identifiers; **30° or less** insertion angle; **9:1** blood:citrate.

Tourniquet: minimize time; **1 minute** is a common training limit. Release before removing needle.

Serum: after clotting. **Plasma:** from anticoagulated blood. **Whole blood:** cells + plasma.

PATIENT ID + PREPARATION

Identify using two patient-specific identifiers (e.g., full name + DOB/MRN); match the order and wristband if present. **Room number is not an identifier.**

Before drawing: check fasting/timed-test requirements, medication instructions, allergies, fainting history and limb restrictions.

Specimen labels: verify identifiers and label **in the patient's presence**; do not prelabel blood tubes.

COMPLICATION = FIRST ACTION

Hematoma / swelling: stop; release tourniquet; remove needle; apply firm pressure.

Syncope / dizziness: stop safely, withdraw needle, prevent a fall; recline and summon help.

Sharp, electric nerve pain: stop immediately; withdraw needle; report per policy.

No blood flow: check tube / placement; avoid blind probing or forceful repositioning.

SPECIMEN + SAFETY TRAPS

Hemolysis: may result from traumatic collection or vigorous shaking. **Clots:** can result from poor additive mixing.

Butterfly + first light-blue tube: collect a discard tube to clear tubing air before citrate tube.

Capillary order differs: blood gas (when ordered) → EDTA → other additives → serum. Avoid hard squeezing.

Sharps: activate safety device; discard promptly; never routinely recap used needles.

Tube colors / inversion counts: confirm additive, lab SOP and manufacturer instructions.

Sources: NHA CPT test plan; ASCP PBT, NCCT NCPT outlines; CLSI PRE02; WHO phlebotomy; OSHA; Joint Commission; BD.

Unofficial general review. Verify current exam handbook, facility policy, and tube manufacturer instructions.