

# Blood Draw From an Implanted Port

## PURPOSE

To draw blood from an implanted port for diagnostic tests.

## POLICY

1. Blood draws via an implanted port require a written physician's order.
2. Blood draws via implanted ports may be performed by RNs trained in implanted port care.
3. This procedure shall be done using sterile technique and a non-coring needle.
4. A sterile closed system shall be maintained.
5. 0.9% sodium chloride (USP) is to be used to flush the system before and after drawing blood.
6. A new needleless device shall be placed on the non-coring needle extension tubing if the port is to remain accessed after the blood draw.
7. Erroneous lab values have been reported on blood specimens obtained from implanted ports. If the lab values are significantly altered in a previously stable patient, the lab test should be repeated.
8. For neonate and pediatric patients and those requiring frequent phlebotomy, the amount of blood obtained for laboratory tests including discard or waste volume should be documented in the patient's permanent medical record.
9. Refer to the protocol "Accessing and Flushing an Implanted Port", if the port must be accessed prior to the blood draw.

## EQUIPMENT

Liquid (regular or antimicrobial) soap and sanitizing gel

1-2 pair of gloves

3-4 alcohol swabs or other disinfectant product

2-3 10ml pre-filled syringes with 0.9% sodium chloride (USP)

1 10ml syringe for discard

Syringes of appropriate size for amount of blood to be drawn, or Vacutainer® blood draw device

10ml syringe filled with 5ml of heparin flush (10-100 unit/ml or as prescribed by the

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physician – not required for valved ports)

Needleless connector (primed with 0.9% sodium chloride)      Swab Cap

Labeled blood collection tubes

Safety transfer device

Sharps container

**Central Line Dressing Kit (pre-packaged), and 1 sterile non-coring safety needle and extension tubing with clamp or the following supplies:**

1 package alcohol swabsticks (3 per packet), 1 package of povidone-iodine swabsticks (3 per packet) or other disinfectant product (e.g., Chloraprep®)

1 sterile barrier

30ml vial of preservative free 0.9% sodium chloride (USP) – if no pre-filled syringes

2 10ml syringes if drawing from a Groshong® port

OPTIONAL: Goggles

    Occlusion clamp

    Tape

    Mask

### PROCEDURE

1. Obtain physician order for lab draw. Explain the procedure to the patient.
2. Put on goggles and mask if appropriate.
3. Wash hands thoroughly with soap and water and dry with a clean paper towel.
4. Arrange supplies on a clean surface.
5. If applicable, turn off all solutions infusing for one full minute, especially TPN.
6. Prime new needleless connector with 0.9% sodium chloride (USP) and set aside.
7. Put on gloves. Cleanse the needleless connector on the port access tubing with 3 alcohol swabs (or other disinfectant), using friction for one minute. Let dry.
8. Attach an empty 10ml syringe and withdraw 5ml (or appropriate amount) of blood and discard.

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9. Exceptions to discard include:
  - drawing blood cultures, in which case the first sample of blood is sent to the lab for analysis
  - drawing blood from a neutropenic patient or infant, when it is essential to minimize blood loss. Follow specific physician order.
10. Attach a Vacutainer® blood draw safety device, or attach empty syringe directly to the needleless connector.
11. Fill appropriate tubes with blood, doing coagulation studies (if required) last. If blood is slow or stops:
  - change Vacutainer® device
  - change blood collection tube
  - flush lumen with 5-10ml of 0.9% sodium chloride
  - have patient change position, place patient in Trendelenburg position, or have the patient cough with hands held over head

### **Note: for hub to hub technique**

- cleanse the extension tubing/needleless connector junction with 3 alcohol swabs (or other appropriate disinfectant), using friction for one full minute. Remove cap.
  - luer-lock a 10ml syringe to the extension tubing
  - release the clamp (if applicable) and aspirate 5ml of blood into the syringe, clamp the extension tubing, remove the syringe and discard
  - attach syringe for drawing the blood sample, release the clamp and aspirate the total amount of blood required for the tests
13. Flush the port with 10ml of 0.9% sodium chloride. Repeat using second 10ml syringe of sodium chloride, if appropriate. (This may be done after the new primed needleless connector and extension tubing have been attached to the catheter).
  14. Attach a new primed needleless connector and extension tubing to the catheter. Attach new Swab Cap to end of needleless connector.
  15. Attach a transfer safety device to the syringe containing blood for tests and allow the vacuum to draw blood into the tube while directing flow toward the wall of the tube.
  16. Label the tubes and transport to the lab per specific laboratory requirements and Infection/Exposure Prevention policies and procedures.
  17. Document the procedure in the patient's medical record.

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## RESPONSIBILITY

The Clinical Specialist has the responsibility for approval of, compliance with, and revisions to this policy.

## MODIFICATION/REVISION

This policy is subject to modification or revision in part or its entirety to reflect changes in conditions subsequent to the effective date of this policy.

## REFERENCES

1. Infusion Nursing Standards of Practice – Revised 2016; Journal of Infusion Nursing, Supplement to January/February 2016, Volume 39, Number 1S.
2. Infusion Nursing: An Evidence-Based Approach, Third Edition edited by Mary Alexander, Ann Corrigan, Lisa Gorski, Judy Hankins, and Roxanne Perucca.
3. INS (Infusion Nurses Society) Policies and Procedures for Infusion Nursing, 3<sup>rd</sup> Edition.