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Lab Specimen Collection Manual – Heel Stick

HEELSTICK (INFANT)

A Patient must have two unique identifiers. The patient's first and last name on the hospital armband is the first identifier and the patient's ID # (Patient ID/Med Rec #) "or" the patient's DOB is the 2nd identifier. Do not use Room # as one of the unique identifiers. The collected specimen(s) must be labeled at the time of draw.

If using electronic identification device:

- Scan patient's hospital armband, perform blood draw, & label tube with the printed label.
- Complete the collection process in the Computer System by scanning each labeled specimen tube.
- This is all done at bedside at time of draw.

If not using an electronic identification device:

- Use patient label / chart label. Have patient state name & DOB. Assure that the patient's stated name & DOB matches the label and the hospital armband. Use minimum of 2 appropriate identifiers when identifying the patient & labeling tube. Perform blood draw. Write date/time of draw & collector ID on the specimen label. This is all done at bedside at time of draw. Complete collection process in computer.

Heel-stick process:

- Identify patient correctly (as stated above). Use age appropriate care.

- Wash hands upon entering patient's room (before applying gloves) and before leaving patient room (after removal of gloves). Use additional PPE as needed.
- Identify suitable site for heel-stick: Select a puncture site that is on the most lateral and medial **sides** of the plantar surface / sole of the heel. Stick the sides of the heel **only**.
 - Use appropriate safety lancet device for normal newborn, for preemie, for toddler.
 - Do not puncture through a previous puncture site
 - Do not puncture on the posterior curvature (back/tip end) of the heel.
 - Do not puncture through a bruised or swollen site.
 - Do not puncture the heel more the twice for any one collection.
- Alert nurse if unable to perform blood collection.
- Warm the heel for up to 5-15 minutes as needed (best if warmed for 15 minutes).
- Gather supplies: safety lancet device, alcohol pad, gauze.
- Cleanse heel area with alcohol. Wipe with gauze. Don't use cotton ball (due to fibers).
- Hold the foot with a firm grip. Wrap the forefinger around the arch and place the thumb proximal to the puncture site. Hold should be firm but careful; babies bruise easily and blood flow should not be restricted.
- Using appropriate safety lancet device, make a quick, deliberate puncture. A cut perpendicular (across) the lines of the heel print may allow blood to bead up rather than run down the heel.
- Wipe away first drop of blood with clean, dry gauze. (This first drop of blood may be contaminated/diluted with tissue fluid.
- Apply (repeated) gentle intermittent pressure to obtain a big blood drop and good blood flow; (Don't squeeze or milk the heel; this can cause hemolysis.)
- Allow blood drop to flow freely into the microtainer. Gently flick / tap bottom of microtainer onto surface to allow mixing during collection.
- Fill microtainer to the appropriate level. Apply Cap tightly
- Gently invert filled microtainer 8-10 times immediately after collection.
- Label microtainer tube with appropriate information.
 - Patient's Name
 - Date of Birth or ID #/Med Rec #
 - Date and Time of collection
 - Collector's initials
- Place clean, dry gauze on site. Apply pressure. Check site for bleeding / bruising before leaving the patient. Use bandage appropriate for infants (per Dr/Nurse).
- Discard safety lancet device in sharps box. Dispose of trash appropriately.
- Remove gloves and wash hands/ disinfect hands.
- If sending specimen to Lab using Tube System, we recommend securing the cap with paper tape before placing in sealed biohazard transport bag.

All Revision Dates

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Approval Signatures

Step Description	Approver	Date
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