

Blood Draw from a CVAD

Female1: Hi, Sherry, how are you today?

Female2: Hello. Good.

F1: And what are we going to do?

F2: We're going to talk about taking a blood draw from a central line.

F1: Okay, and which one are we going to use?

F2: So we'll actually use the infusing line for this video, but you could certainly take it off a capped line as well.

F1: Okay.

F2: Some of the supplies you are going to need is two empty 10-ml syringes, one for the discard and one for the actual blood draw. Two 10-ml normal saline-filled syringes and you're going to always flush with 20-mls after. And then maybe a cap to keep your IV line sterile.

F1: Okay.

F2: Another thing we want to look at is to make sure we have the order and to know what the blood draw is for. For example, if it's for heparin-- sorry, an INR or a PTT and there's heparin infusing we ideally wouldn't want to use this line. We should use a different line. You don't use a line that's infusing with heparin. As well as you want to stop your IV for whatever your policy says you must stop the IV for. Anywhere from three up to five minutes prior to doing a blood draw.

F1: Do you have to have the lab here to hand off the blood?

F2: Yes. Well, I guess that depends where you work. Sometimes a person from the lab will be right there and you do the blood draw off of the PICC or the central

line, hand it off to them. Some nurses can actually complete the process and send the blood samples.

F1: Themselves.

F2: Themselves. All right, so I've washed my hands. They're clean. I'm going to get these open and ready here. And then can do my-- so I actually, Wendy, if you could be so kind as to stop that IV for me. And like I said we'll stop that for the time the policy indicates, so three minutes. So that's been stopped for the three minutes and while we're waiting we can disconnect the IV line. I'm just going to cap off the IV line here.

F1: We don't have to worry about any air going back in because even though there isn't a clamp here, because this is--

F2: Correct, because the needleless cap is on. And this one does have an internal valve.

F1: Could I hold that for you?

F2: Yes, you can hold that for me, so we won't bother with that cap. So now I can use my swab. You're going to swab the site for 15 to 30 seconds depending what your policy says. I can connect my first empty syringe and need to do a discard of three mls. So I can pull back. I can see my flashback there.

F1: So that's to get rid of any residual medication in the line.

F2: Yeah, whatever might have happened to have been inline, whether it might have been medication. It could have been heparin. This one wouldn't have had heparin in it. I would hand that off to be discarded. And then I get my second empty syringe and the lab will usually tell you how much blood they need. So for this

one I'm just going to draw back 5 mls.

F1: So that's the actual sample, right?

F2: This is the actual sample, yes. And when you're drawing back you don't need to pull back forcefully. You're just drawing back gently and allowing the blood to enter into the syringe itself. So sometimes you just have to show patience. All right, so I've got that 5 mls for my sample. The lab will deal with that.

F1: Here you go, madam lab.

F2: And then I can do my 20 mls of flush. Turbulent flush for sure. And the other thing to note that a fresh poke or a fresh vena puncture is ideal. But if there was some reason why you had to draw it off a heparinized line you would just pull that heparin out with your waste. So with that first 3 cc's. Then we can hook up our IV again. As simple as that.