Step by Step Guide to Venesection

The Procedure

1. Assemble the following equipment:
   Equipment can be collected from the Bone Marrow Transplant Unit or Haematology Outpatients.
   - Medinorm 600ml high vacuum bottle
   - Indoplas Luer Lock Connector
   - Terumo safety winged infusion set
   - Chlorhexidine 2% alcohol swabs
   - 10 ml syringe
   - 20g disposable needle
   - Manual blood pressure machine & cuff
   - Artery forceps

2. Attach the connector to the drainage bottle.

3. Select an appropriate vein for venesection. (Rotate the veins used to prevent excessive scarring of the vein walls). Apply the blood pressure cuff and pump to 40 mmHg.

4. Select the vein in the ante-cubital fossa. Wipe the vein site with alcohol swab and let the area dry for 30 secs.

5. Smoothly insert the butterfly needle bevel up into the vein to establish flow.

6. Take blood tests if required for Hb, Hct, Ferritin etc via a 10ml syringe. Use forceps to prevent blood loss from tubing.

7. Attach butterfly to the luer lock connector and release the clamp. Release pressure cuff to 20mmHg. Take the required amount of blood, usually 400mls, or as ordered by medical staff.

8. Once venesection is complete, remove the needle and apply pressure to the site for 5 minutes.

9. Ensure closing of clamp on bottle and dispose into yellow medical waste bin. Remove butterfly and cover with a pressure dot and gauze square.
Post procedure:

- Offer the patient a biscuit and a drink tea/water.
- Check the insertion site.
- Record amount of blood drawn and the patient’s recordings on the referral form.
- Document in the clinical notes the patient’s hydration status and recommended volume of fluid input in the next 24 hours (2-3 litres).
- Patient is required to stay for up to 30 minutes post procedure.

Waste management

- On completion of the procedure, ensure the tubing is closed using the slide clamp to ensure the blood cannot escape from the container.
- Dispose of the medinorm container and the tubing into the yellow medical waste bag.
- The butterfly needle is disposed of in the yellow sharps container.
- Refer to Body and Blood Fluid Volume 10.

Trouble shooting

Postural drop:
Should this happen pre or post-procedure the patient will require replacement fluids therefore a 22/24g cannula will need to be inserted.

Slow blood flow during the procedure:
The patient’s diagnosis can influence blood flow. The flow rate can be increased by asking the patient to slowly and repeatedly squeeze on a ball. This activates the ‘muscle pump’ encouraging the venous flow along the vein.

Slow or cessation of blood flow:
If the blood flow stops remove the butterfly and select another vein to perform the venepuncture. Follow steps 2-6 in the procedure page 1.

Haematoma:
Can occur at site; apply a cold compress.

References: