

**PARKLAND HEALTH & HOSPITAL SYSTEM  
LEADERSHIP & ORGANIZATIONAL DEVELOPMENT**

**COMPETENCY VALIDATION  
VENIPUNCTURE/ LAB LABELING SKILLS CHECKLIST**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Unit: \_\_\_\_\_ Date: \_\_\_\_\_

Drawing Blood Specimen via Vacutainer/Butterfly	1 <sup>st</sup> Attempt (P or F)	2 <sup>nd</sup> Attempt (P or F)	Comments
1. Acknowledge physician's orders. Gathers equipment: gloves, tourniquet, alcohol pads, butterfly needle or vacutainer with safety needle, blood tubes, gauze, patient demographic labels and requisition labels.			
2. Washes hands (can verbalize).			
3. Identifies the patient utilizing two forms of identification and explains procedure to the patient.			
4. Verifies that name and MRN on demographic stickers match the name on the barcoded requisition label and patients armband.			
5. Applies tourniquet correctly and locates vein, releases tourniquet.			
6. Dons gloves.			
7. Preps skin with alcohol in circular motion from inside to outside and allows to dry.			
8. Reapplies tourniquet approximately 3-5 inches above the intended puncture site. Verbalizes that tourniquet may remain in place no longer than 60 seconds.			
9. Inserts needle bevel up at approximately 15-45 degree angle.			
10. Stabilizes vacutainer holder & fills tubes with appropriate amount of blood needed for each specimen.			
11. Gently invert tubing after drawing specimen.			
12. <b>** Butterfly needle**</b> Position gauze over needle, activate safety feature (pressing black arrow) until click is heard. Applies pressure with gauze to the puncture site until bleeding stops			
13. <b>**Vacutainer w/ safety needle**</b> Removes tube from vacutainer holder, releases tourniquet, withdraws needle. Immediately activates the safety cover over needle. Applies pressure with gauze to the puncture site until bleeding stops.			
14. Labels tubes with date, time, and initials on demographic stickers at patient's bedside.			
15. Places labeled tubes in biohazard bag with barcoded requisition labels in the outside pocket and send to lab.			
16. Verbalizes that steps 1-15 of above procedure must be completed by the same health professional.			

**The completion of this form validates competency for this skill.**

#1 Pass / Fail Competency Validator Signature: \_\_\_\_\_

#2 Pass / Fail Competency Validator Signature: \_\_\_\_\_