HAEM / ONC WARD & DAY UNIT
STANDARD OPERATING PROCEDURE

SOP Venesection Registered Nurses

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Purpose

To develop a Standard Operating Procedure (SOP) for Registered Nurses to perform venesection procedure to Haematology patients only. Therapeutic Venesection involves removing a set amount of blood from the vein for patients who have either a raised haematocrit or iron overload.

Patients will be assessed in the haematology clinic, If the haemoglobin (Hb) is <12g/dl (men) or <11g/dl (women) then the venesection can go ahead.
If it is below that, or cannot be done then venesection should be delayed and reviewed by haematologists.

Blood test for Ferritin should be collected/documented monthly.

When the Ferritin reaches <50µg/l, add in transferrin saturation.

When Ferritin = 20µg/l and transferrin saturation = 16 refer back to haematologist/GP for monitoring and maintenance treatment (indefinitely).

Each patient should have a yearly routine haematology clinic or GP review.

- ## Equipment/Supplies

  - Prescription for procedure & Patient consent
  - Non sterile gloves and disposable plastic apron
  - Large sharps container, (large enough to accommodate 1 or more blood bags and associated tubing i.e. 2.5ltr or 5ltr.
  - Disposable tourniquet
  - Sterile gauze and micropore tape
  - 2% chlorhexidine in 70% Alcohol wipe
  - Blood pack unit with integral needle (spencer wells non-toothed forceps, hand sealer with 2 clips if required)
  - Blood weighing scales
  - Prescribed IV fluids (if required)
  - Suitable chair/bed
  - Ametop/emla or ethyl chloride spray

Expected outcome(s)

- *Safe Removal Of a set amount of blood as requested by Haematologist*

Personnel & Responsibilities

Registered Nurses involved in the procedure must have been assessed and competent in venepuncture and cannulation in addition to being competent to undertake this procedure.

Patient care

- Patients will be treated in line with individual patient care plan, disease specific protocols, signed by the medial team managing the patients care.
- The large veins of the antecubital fossa are used for this procedure.
- A doctor will refer patients for therapeutic venesection, clearly documenting the volume (in mls) to be venesected, what fluid replacement is required and the frequency of blood tests.

The procedure would not normally be taken if Hb below 11g/dl – seek medical advice

Procedure

- Confirm patient identity verbally with patient , wrist band and prescription for procedure
- Ensure patient understands treatment procedure and has given consent.
- Review prescription and treatment plan, current Hb level and medical instructions re amount of blood to remove.
- Record baseline observations of MEWS .If observations fall outside the normal parameters shown on the chart contact medical staff for advice prior to commencing procedure.
- Wash and dry hands using six stage Hand hygiene technique- Reduce risk of Health Care Associated Infection (HCAI)
- Ensure patient is comfortable – lying flat or at 45° particularly for first venesection
- If for IV fluid replacement, establish I.V access and commence prescribed infusion (as per cannulation / IV policy).
- Apply disposable tourniquet several inches above the chosen antecubital fossa
- Clean venepuncture area with 2% chlorhexidine in 70% alcohol wipe, remembering that the chosen vein needs to be able to accommodate the large bore needle
- Wash and dry hands, or apply alcohol gel. Apply gloves and apron

- Insert needle into vein, support at correct angle with gauze and secure with tape. If the blood is flowing freely, loosen the tourniquet but do not remove it.
- Attach venesection pack loosely on scales
- Nurse to stay with patient during the procedure – check regularly that the blood continues to flow (if the tubing is warm to touch – blood is flowing freely; if the tubing is

cold to the touch – blood flow has ceased and action should be taken to remedy the situation).

- During procedure assess peripheral circulation distal to the insertion site. Observe for signs of decreased circulation such as pallor, discolouration of the hand or numbness/tingling of the fingers. If this occurs reduce pressure of tourniquet
- Take blood samples from the blood collection set tubing, as appropriate, towards the end of the venesection process
- When scales measure correct amount, according to doctors/CNS instructions i.e. 300, 400, 500mL, remove tourniquet keeping the arm straight. To ensure correct amount of blood removed
- Gently remove the needle applying pressure with gauze swab. Ask patient to apply firm pressure to puncture site whilst sharps disposed of as per Trust policy. To prevent bleeding. To reduce risk of needle stick injury.
- Hold venesection pack upright. Cover needle with sharp safe device. Clamp tubing, and dispose of filled bag into large sharps bin (NB Equipment may vary and should be used according to manufacturer's instructions).Dispose of equipment and sharps bin as per Trust waste policy
- Record observation of blood pressure, respiration and pulse. If within normal limits, sit patient up, check venepuncture site and tape. If observations outside normal parameters or there are concerns about the patient's condition such as feeling dizzy, nauseous or clammy, leave the patient lying down, give oral fluids if they are able tolerate and repeat observations' after 10 minutes. If no improvement contact medical staff for advice. To ensure patient has suffered no side effects/complications as a result of the procedure
- When bleeding has stopped, apply firm pressure dressing and bandage. If bleeding persists, speak to doctor. To prevent further bleeding, haematoma formation or bruising

- Patient must rest for at least 20-30 minutes before getting off the couch. Patient should be given a drink i.e. tea, coffee, water or squash.

- Perform and record all vital observations on the Physical Observation chart prior to the patient leaving the department. Contact medical staff if there is any concern regarding the patient's condition. If the patient's blood pressure drops significantly they should have a further drink and remain in the unit until it recovers to the same as at initial assessment. The patient can then be discharged.
- Advise the patient that the pressure dressing should remain in place for several hours. They should avoid smoking for at least one hour and it is suggested avoiding strenuous exercise or work for 6 – 8 hours. Maintain adequate fluid intake. This advice is contained within the patient information leaflet Document procedure in patient's medical records

Infection Control

Staff undertaking this procedure must do so using an aseptic non touch technique (ANTT)

Training

- Training on therapeutic venesection, clinical skill and assessments will be provided by the Clinical Nurse specialist or senior nurse in day unit or clinical educator
- Staff undertaking training and assessment in Therapeutic Venesection must be also competent and undertaking Venepuncture and Cannulation.
- Those acting as trainers / assessors in clinical practice must hold an assessors qualification and must be certified as competent in the procedure themselves and be undertaking the procedure regularly.
- Assessment of competence covers both theoretical knowledge and practical skills. Theoretical knowledge can be achieved by: Attendance at approved training and education support material.
- Evidence of completion of an equivalent training in another Trust.
- Practical skills will be assessed against performance criteria as appropriate.
- Training for other aspects covered by this policy can be achieved by attending approved study day such as venepuncture and cannulation.

7.0 Appendices

8.0 References

NMC Record and Record Keeping (2009)
HEFT Records Management Policy v 2.0 (2011)
HEFT Record Keeping in Healthcare Records Policy v2.0 (2010)
HEFT Retention and Disposal of Records Policy (2009)
HEFT Mews Policy (2011)
Hand decontamination policy (HEFT,2008)

Heart of England NHS
NHS Foundation Trust

Therapeutic Venesection Competence(s)

1.	**Summary**	For all registered practitioners to demonstrate competence in therapeutic venesection through acquisition of relevant knowledge, skills and application in practice, integrated as part of their usual role. This competency is to be achieved with the individual practitioner identifying their own lack of individual theoretical and clinical knowledge so that these can be addressed during the supervision / training.
2.	**Scope**	To encompass all patients within haematology/oncology directorate requiring therapeutic venesection as part of their medical treatment: - 1. To impart knowledge and information to the patient including potential side effects 2. To safely perform venesections according to directorate policy/guidelines
3.	**Applicable to**	All Registered Practitioners caring for patients requiring therapeutic venesection
4.	**KSF Dimensions**	Relevant core dimensions: Communication, personal and people development, service improvement, quality, equality and diversity. Relevant specific dimensions: HWB 5: Provision of care to meet health and well being needs HWB 7: Interventions and treatments G1: learning and development
5.	**Related Policy and Legislation**	General Collection of specimens for virology investigations from patients (HEFT, Dec 2011) Hand hygiene policy (HEFT, 2011) Medicines Policy (HEFT, 2011) Record keeping: Guidance for nurses and midwives (NMC, 2009) Standards for medicines management (NMC, 2008) Standards to support learning and assessment in practice (NMC, 2008) Standard infection control precautions (HEFT,2009) The Code: Standards of conduct, performance and ethics for nurses and midwives (NMC, 2008)

6.	**Eligible to Assess**	Experienced Registered practitioners deemed competent to undertake role through formal education, supervision and assessment of competence. The person must be undertaking the role regularly as part of their current duties and can demonstrate evidence of practice. Must comply with NMC standards to support learning and assessment in practice (2008) The final competency must be signed off by a band 6 nurse, or above, who is already deemed competent in the procedure.
7.	**Standard to be Achieved**	This competency relates to all Registered Nurses. They:- • Must be registered with the NMC on nursing part of register. • Have evidence of appropriate training / experience to achieve competence in a) Competent in venous cannulation b) Assessment of patients for therapeutic venesection c) Assembly of equipment for venesections d) Ability to follow appropriate protocol / policy for therapeutic venesections • Understand accountability • Undertake professional development activities to maintain their competence • Sufficient knowledge to act upon information gained during consultation with patients
8.	**Training Required**	Must have been assessed as competent in venepuncture and cannulation. Have undertaken and completed an initial in-house training session. Demonstrable and countersigned evidence of adequate supervised practice sessions to acquire robust theoretical and practical knowledge – a minimum of 6 in total.
9.	**Training Available**	HEFT individual training programme includes: 1. Rationale of risks and benefits for therapeutic venesection 2. Equipment assembly for use during procedure 3. Personal protection equipment (PPE) used during procedure 4. Performing venesection procedure 5. Patient education 6. Disposal of equipment after the completion of the procedure The content of the Training will be updated in line with associated changes in evidence based clinical practice. It is expected that such training will be related to work place based competencey.

This programme maybe delivered as stand alone or linked to other competencies as part of the educational requirements of the nursing staff.

10. Authors

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Approved by

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Date.....30/01/2013.....