


HAEM / ONC WARD & DAY UNIT STANDARD OPERATING PROCEDURE

SOP Venesection Registered Nurses

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Please note all changes to this current version/issue of document are identified by a vertical line in the left margin.		
Review Date	Reviewed by	Brief summary of changes
2015		
2016	Matt Fowler Gemma Hughes	Additions to procedure/ Updated

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. FBC should be collected prior to every Venesection. Genetic subtype should be documented in the first referral letter.

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

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

• **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
- Blood weighing scales
- Prescribed IV fluids (if required)

Expected outcome(s) *(where applicable)*

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 medical team managing the patients care.
- The large veins of the antecubital fossa are used for this procedure.
- A doctor/ Advanced Nurse Practitioner 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 and Ferritin 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. Ensure that the patient has not taken any antihypertensive medication.
- 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 or a manual BP cuff inflated to <diastolic is (prevents paraesthesia and cold peripheries- though will require decontaminating once the procedure is completed) 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, apron and goggles.
- Palpate Brachial Artery; ensure that insertion site is distal to this. Insert needle into vein, support at correct angle with gauze and secure with tape. If the blood is flowing freely, loosen the tourniquet, do not remove it.
- Attach venesection pack loosely on scales.
- Nurse to stay with patient during the procedure – Observe the colour of blood flow. 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/ANP instructions i.e. 300, 400, 500mL, remove tourniquet keeping the arm straight. To ensure correct amount of blood removed.
- Clamp the line and 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, apply one or two clips to the tubing, remove clamp 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. Ensure that the patient understands the importance of this to prevent further bleeding, haematoma formation or bruising.
- Patient must rest for at least 20-30 minutes before getting up from the chair. Patient should be given a drink i.e. tea, coffee, water or squash.
- Perform and record all vital observations on the MEWS 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
- 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 The Code (2015)
HEFT Records Management Policy v 3.0 (2013)
HEFT Record Keeping in Healthcare Records Policy v7.0 (2013)
HEFT Retention and Disposal of Records Policy v4.0 (2013)
HEFT MEWS Policy and Escalation Pathway for Adults (2011)
HEFT Hand Hygiene Policy (2015)

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. Related Policy and Legislation	<p><u>General</u> Hand hygiene policy (HEFT, 2015) Medical Devices Management Policy (HEFT 2013) Nursing and Midwifery Revalidation Policy (HEFT 2016) MEWS Policy and Escalation Pathway for Adults (HEFT 2011) Patient Administration Policy and Procedures (HEFT 2014) Personal Protective Equipment Policy (HEFT 2014) Policy for the Insertion and Management of Peripheral Venous Cannula (HEFT 2011) Record Keeping in Healthcare Records Policy (HEFT 2013) Risk Management policy and procedure (HEFT 2015) Safe Handling and Disposal of Sharps Policy (HEFT 2015) Sharps Injury Splash Incident Policy (HEFT 2015) 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: Professional standards of practice and behaviour for nurses and midwives(NMC, 2015)</p>
5. 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. The final competency must be signed off by a band 6 nurse, or above, who is already deemed competent in the procedure.
6. Standard to be Achieved	This competency relates to all registered nurses. They:- <ul style="list-style-type: none"> • Must be registered with the NMC • Have evidence of appropriate training / experience to achieve competence in <ul style="list-style-type: none"> a) Peripheral venous cannulation b) Assessment of patients for therapeutic venesection c) Assembly of equipment for venesections d) Ability to follow protocol/policy for therapeutic venesections • Understand accountability in relation to the procedure

- Undertake professional development activities to maintain their competence
- Sufficient knowledge to act upon information gained during consultation with patients

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.

8. 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 competency.

This programme may be delivered as standalone or linked to other competencies as part of the educational requirements of the nursing staff.

9. Authors

Sue Weaving / Angela Allsop

Haematology CNS / Clinical Educator CNS

Date 29/2/2013 Review 29/2/2015

Updated by Matt Fowler

Advanced Clinical Practitioner for Haematology

Date 18/07/2016 Review 18/07/2018

Initially approved by

Dr J Ewing, Clinical Director.



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

Criteria for achieving Competence To demonstrate Competence the Practitioner must be able to:-	Assessment of Competence (please indicate pass/ fail against each statement)
<p>Knowledge</p> <ul style="list-style-type: none"> • Demonstrate knowledge of and use(s) of all relevant guideline & policies regarding venesections • Demonstrates knowledge of following in relation to venesections: range of blood tests required, blood parameters, vein selection • Discusses common side effects of treatment & precautions required • Discuss appropriate areas where venesections can be carried out & action to be taken if patient not in the appropriate area <p>Consent</p> <ul style="list-style-type: none"> • Discusses obtaining verbal consent for the venesection • Discusses what key points should be documented and discussed with the patient/relatives <p>Preparation</p> <ul style="list-style-type: none"> • Compliant with relevant Trust policies (e.g. medicines code) <p>Procedure</p> <ul style="list-style-type: none"> • Follows correct procedures, guidelines, policies and protocols appropriate for venesection • Inform patients about the procedure and any relevant aftercare. • Take responsibility for leading own further development beyond the statements in this competence <p>Results reporting</p> <ul style="list-style-type: none"> • Report results to medical team responsible for that patient's care if any adverse events • Undertakes further blood tests as indicated 	

Practitioner Name.....**NMC No**.....

Assessor Name.....**NMC No**.....

COPY TO BE PLACED ON THE PRACTITIONER'S PERSONAL FILE

Therapeutic Venesection

Performance Criteria The Candidate		Assessments		
		Date	Date	Date
1	Identifies correct patient			
2	Identifies need for venesection according to the patient's individual protocol.			
3	Able to: a) Define haemochromatosis b) Define polycythaemia c) Define normal parameters d) Demonstrate checking of appropriate blood tests prior to venesection including Ferritin and Haemoglobin			
4	Explain procedure, obtain and document consent			
5	Undertake baseline observations. Demonstrate knowledge of contraindications and when to seek senior advice.			
6	Selects correct equipment			
7	Positions patient correctly			
8	Washes hands correctly, applies appropriate PPE and uses aseptic non touch technique throughout the procedure.			
9	Applies and uses tourniquet correctly			
10	Selects appropriate vein for venesection.			
11	Prepares skin correctly.			
12	Demonstrates safe insertion of venesection needle/cannula and secures appropriately.			
13	Ensures flow of blood maintained and obtains correct volume/weight of blood using scales			
14	Observes patient during procedure taking remedial action if problem occurs.			
15	Take blood samples from blood collection set tubing, as appropriate, towards the end of the venesection process			
16	Release tourniquet before removing venesection needle and apply pressure dressing.			
17	Dispose of sharps correctly			
18	Perform observations post procedure; demonstrate understanding of when to seek medical advice.			

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19	Advise patient on aftercare, discharge safely.			
20	Able to discuss action to be taken if arterial puncture occurs			
21	Document procedure correctly.			
I certify that the above candidate has performed the procedure correctly		Signed		
		Print Name		
Assessor Comments:				
Candidate Comments:				
Declaration I confirm that I have had a theoretical and practical instruction on how to safely and competently perform and agree to comply with the policy and procedures of the Trust. I acknowledge that it is my responsibility to maintain and update my knowledge and skills relating to this competency.				
Signed _____ Grade: _____				

Completion of Competence

This is to state that has passed the **Competency** within the standards set by Haematology / Oncology Directorate at HEFT on(date) for **therapeutic venesection** in line with current policies / guidelines within the directorate

This has incorporated the following topics:-

- Nurses involved in this procedure must have been assessed as competent in venepuncture and cannulation.
- Demonstrates understanding of the organisations policy on therapeutic venesection.
- Demonstrates understanding of indications for the procedure according to individual patient protocols.
- Demonstrates understanding of accountability for expanded practice.
- Can explain the anatomy and physiology in relation to therapeutic venesection.
- Demonstrates knowledge of related health and safety regulations, infection control and universal precautions in relation to therapeutic venesection.
- Explains the safe use of associated equipment.
- Describe potential complications of the procedure and remedial action to be taken.

First Attempt Pass Fail Second Attempt Pass Fail

If fail, please refer to the Assessment of Competence Policy (2007) on the Trust's Policies and Procedures website.

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Assessor Name.....
No.....

NMC

Assessor Signature.....
.....

Date.....

I have signed below in order to accept my responsibility and accountability with regard to as outlined in the Competence.

Practitioner Name.....
No.....

NMC

Practitioner
.....

Signature.....
Date.....

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