STANDARDIZED PROCEDURE
FEMORAL VENOUS BLOOD DRAW (Adult, Peds)

I. Definition

The Femoral venous blood draw (FVBD) is the procedure of performing a needle stick into the femoral vein for the purpose of drawing blood work that will assist in lab monitoring.

II. Background Information

A. Setting:

The setting (inpatient vs outpatient) and population (adults vs pediatrics) for the Advanced Health Practitioner (AHP) is determined by the approval of the privileges requested on the AHP Privilege Request Form. If the procedure is being done on a Pediatric patient, make sure Child Life is involved and use age appropriate language and age appropriate developmental needs with care of children, as appropriate to the situation.

B. Supervision

The necessity of this procedure will be determined by the Advanced Health Practitioner in collaboration with the supervising physician or his/her designee. Designee is defined as another attending physician who works directly with the supervising physician and is authorized to supervise the Advanced Health Practitioner.

Direct supervision will not be necessary once competency is determined, as provided for in the procedure. The Advanced Health Practitioner will notify the physician immediately upon being involved in any emergency or resuscitative events or under the following circumstances:

1. Patient decompensation or intolerance to the procedure
2. Bleeding that is not resolved
3. Outcome of the procedure other than expected

C. Indications

This procedure is indicated in patients with a history of poor venous access as assessed by inability to draw blood from antecubital spaces or other peripheral sites normally used to access veins.

D. Precautions/Contraindications

1. Thrombocytopenia (if platelet count is less than 50,000, consult physician) or any dyscrasias that can affect clotting time.
2. Patients with coagulation defects or those receiving anticoagulant therapy.

III. Materials

A. Povidone iodine / Chlorhexadine swabs
B. alcohol swabs
C. Band-Aid and 2x2
D. 18 gauge needle or appropriate size for the size of the patient
E. 10 ml syringes
F. Blood collection tubes
G. Lab requisition filled out with requested labs and diagnosis

IV. Procedure

A. Pre-treatment evaluation

1. Determine if there is a history of pancytopenia, anticoagulation or aspirin use, renal insufficiency, disseminated intravascular coagulation, or liver dysfunction. If present, discuss with attending physician if procedure should be attempted.

2. Review of systems; History of multiple attempts to access usual venous sites for blood draws.

Patient Evaluation

1. General appearance, vital signs, skin rashes in groin area.

2. Focused skin exam and palpation of femoral artery and vein.

Diagnostic

1. Current CBC with differential, INR, platelets and review of other labs as indicated.

B. Set up (if applicable)

Assemble above materials from section III.

C. Patient Preparation

1. After providing the purpose, risks and benefits, and steps of the procedure, obtain informed consent from the patient or appropriate legal designee.
2. Check platelet count and/or presence of coagulopathy. Consult with attending physician if platelet count is <50,000, or there is a known coagulopathy as to whether platelet transfusion or other intervention is needed prior to the procedure.
3. The most important step is positioning the patient. The patient should be lying on his or her back on the treatment table in a comfortable position with their

knees flexed with a pillow. The patient should have a hospital gown on for ease of access to the femoral vein. The patient will need to be draped from the thighs down with a blanket or sheet.

4. Identify where the femoral vein is and be sure not to access the artery or nerve. The vein is located medial to the artery. (Remember: NAVEL / Nerve-Artery-Vein-Empty-Lymphatic)
5. Don gloves, and set up prepared FVBD kit. Perform a time out with all appropriate steps.

D. Perform Procedure:

1. Using the povidone iodine/Chlorhexadine wipes provided in the FVBD kit, prepare the area with povidone iodine/Chlorhexadine solution beginning at the site marked for the needle puncture, working outward; repeat two more times for a total of three times.
2. Drape the patient.
3. Recheck the landmarks. Identify the pulsation of the femoral artery 1-2 cm below the inguinal ligament. Insert the needle about 1cm medial to the pulsation and aim it towards the head and medially at an angle of 20-30° to the skin. The above measurements are for standard size adults and should be scaled for pediatric patients. In adults, the vein is normally found 2-4cm from the skin. In small children reduce the elevation on the needle to 10-15° since the vein is more superficial.
4. Withdraw adequate amount of blood for ordered tests.
5. Apply pressure to the area for 5 minutes.

E. Post-procedure: assess patient for possible side effects

1. Cleanse procedure area of povidone iodine solution and place dry sterile dressing.
2. Assess patient for any adverse reaction to procedure.
3. Label specimen tubes and send to lab.
4. Instruct patient to observe FVBD site for any signs of bleeding or infection, and to call clinic or notify physician/AHP for any problems.
5. Document procedure results, patient response, and patient follow-up instructions.

F. Follow-up treatment

1. The Advanced Health Practitioner will review all abnormal lab findings with the supervising physician.

V. Documentation

A. Documentation is in the electronic medical record

1. Documentation of the pretreatment evaluation and any abnormal physical findings.
2. Record the time out, indication for the procedure, procedure, size needle used, site used, patient position, amount of blood drawn, name of labs sent, EBL, the outcome, how the patient tolerated the procedure, medications (drug, dose, route, & time) given, complications, and the plan in the note, as well as any teaching and discharge instructions.

B. All abnormal findings are reviewed with supervising physician.

VI. Competency Assessment

A. Initial competence

1. The Advanced Health Practitioner will be instructed on the efficacy and the indications of this therapy and demonstrate understanding of such.
2. The Advanced Health Practitioner will demonstrate knowledge of the following:
    a. Medical indication and contraindications of femoral venous blood draw
    b. Risks and benefits of the procedure
    c. Related anatomy and physiology
    d. Consent process (if applicable)
    e. Steps in performing the procedure
    f. Documentation of the procedure
    g. Ability to interpret results and implications in management.
3. The Advanced Health Practitioner will observe this procedure at least 3 times in its entirety.
4. The Advanced Health Practitioner will perform **three** treatments/procedures under the direct observation of the supervising physician and such additional procedures as may be necessary to verify clinical competence.
5. The Advanced Health Practitioner will ensure the completion of competency sign off documents and send them directly to the medical staff office.

B. Continued proficiency

1. The Advanced Health Practitioner will demonstrate competence by successful completion of the initial competency.
2. Each candidate will be initially proctored and signed off by an attending physician. Advanced Health Practitioner must perform this procedure at least

three times per year. In cases where this minimum is not met, the attending, must again sign off the procedure for the Advanced Health Practitioner. The Advanced Health Practitioner will be signed off after demonstrating 100% accuracy in completing the procedure.

3. Demonstration of continued proficiency shall be monitored through the annual evaluation.
4. A clinical practice outcomes log is to be submitted with each renewal of credentials. It will include the number of procedures performed per year and any adverse outcomes. If an adverse outcome occurred, a copy of the procedure note will be submitted.

VII. RESPONSIBILITY

Questions about this procedure should be directed to the Chief Nursing and Patient Care Services Officer at 353-4380.

VIII. HISTORY OF POLICY

Revised April 2012 by Subcommittee of the Committee for Interdisciplinary Practice
Reviewed April 2012 by the Committee on Interdisciplinary Practice
Prior revision October 2008
Approved April 2012 by the Executive Medical Board and the Governance Advisory Council.

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