GIPPSLAND HEALTH SERVICES CONSORTIUM

COMPETENCY ASSESSED
SELF DIRECTED LEARNING PACKAGE

VENEPUNCTURE

NAME_____

HEALTH SERVICE / DEPARTMENT_____

GRNE Points 1point for package + 1 point for competency assessment
TOTAL 2 POINTS

Approved by the Gippsland Region Nurse Educators Group
Reviewed by Jodie Martin WGHG June 2024.

INSTRUCTIONS FOR LEARNERS

1. There are no pre-readings for the venepuncture SDLP.

2. You will be expected to complete the theoretical component, and then submit answered questions to your educator for marking.

3. Complete the evaluation page at end of package and forward to the educator for review.

4. Book into skills practical session within your organisation, if available.

5. Arrange to be supervised for at least 2 episodes of venepuncture to gain confidence & experience. This can be undertaken by a Unit Manager, Clinical Nurse Specialist, Clinical Educator or experienced Division 1 Nurse (Check competency requirements at your health facility).

6. Following this, arrange to undertake a clinical skills competency assessment (assessment tool provided at the back of this SDLP) and return the completed assessment to your education department

7. Following successful completion of the theoretical and practical components you will be issued with a certificate of competence. Please check with your organisation, not all organisations issue a certificate.

VENEPUNCTURE

AIM:

To provide nurses & midwives with the rationale, knowledge & skills to safely perform venepuncture.

OBJECTIVES:

At the completion of this module, the nurse/midwife will be able to:

- State the rationale for performing venepuncture
- State the safety considerations when performing venepuncture
- State the equipment required to perform venepuncture
- State the procedure for ascertaining the correct tubes for the diagnostic tests required and the order of draw
- Demonstrate correct aseptic technique when performing a venepuncture.

RATIONALE:

Obtaining blood specimens for laboratory analysis is a common procedure for patients in acute, subacute and community settings. The blood tests required are ordered by a medical officer on a pathology request form. Medical staff are responsible for ensuring blood specimen orders are clear and complete. Blood tests offer important data regarding the patient's nutritional, haematological, immune, metabolic and biochemical status.

Venepuncture is the process whereby blood is obtained from the venous system for laboratory testing, and as such is an invasive procedure. Like all other procedures it is necessary to obtain the patient's consent prior to performing the procedure. The consent can be verbal or implied (i.e. the patient holds their arm out and cooperates with the procedure)

This package is limited to obtaining venous blood samples it does not cover arterial blood sampling e.g. arterial blood gases. Nor does it cover establishing continuous venous access.
IV Cannulation is a separate competency based SDLP.

Use this Self-Directed Learning Package as a guide only. Use your Local Policy and Procedure to direct your practice.

SAFETY CONSIDERATIONS

1. BODY FLUID EXPOSURE

As this procedure involves potential exposure to body fluids it is necessary to always follow standard precautions according to the prevention & control of infection guidelines at your organisation. Standard precautions recommend the use of personal protective equipment where there is the potential for exposure to body fluids. Personal protective equipment includes gloves, gowns and/or aprons, masks, protective eye wear, and face shields.

2. NEEDLE STICK INJURY/SHARPS SAFETY

Venepuncture carries a high risk of needle stick injury; therefore, it is necessary to ensure that the sharp is managed safely at all times and correct actions are taken to prevent injury. The used needle needs to be safely disposed *at the point of generation*. The safest course of action is to take a sharps bin to where the patient is located, i.e. the bedside, and dispose of the sharp as soon as the collection of blood is completed.

Remember if you generate a sharp it is up to you to dispose it safely

3. PATIENT COMPLICATIONS

As well as risks for the clinician performing venepuncture, there are also risks to the patient. The most common of these are fainting (syncope) and haematoma formation. Far less common is accidental arterial puncture and phlebitis from the puncture site.

- **Syncope** – A patient fainting or collapsing during a blood test is not only embarrassing for the patient but also has the potential for a severe injury if the patient hits their head on something on the way down. The risk of this occurring can be minimised by:
    - Identifying high risk patients prior to undertaking the procedure e.g. those who have fainted before
    - Having your patient sitting for the procedure. Or lying down if they are identified as high risk
    - Allowing the patient to stay seated for a few minutes post blood test.
- **Haematoma** – the formation of a haematoma at the puncture site is not only unsightly and painful but it also increases the risk of phlebitis. To reduce the incidence of haematoma formation the following guidelines should be followed:

- Identify high risk patients e.g. those patients on anticoagulants or those patients with a medical condition that results in prolonged bleeding times e.g. idiopathic thrombocytopaenia, and be prepared to apply pressure onto the puncture site for a longer period of time
- Minimise trauma to the vein by inserting the needle into the vein in one smooth action and not repositioning the needle multiple times in an effort to access the vein.
- A thorough and complete explanation to the patient will help to minimise the risk of the patient moving during the needle insertion. This is important as patient movement can cause the needle to puncture the lower vein wall and/or dislodge it completely from the vein.
- Once in the vein, minimise movement of the needle when changing blood tubes to avoid pushing the needle through the lower wall of the vein.
- When removing the needle from the vein do not apply pressure directly onto the needle as it is being removed from the vein. Pressure needs to be applied onto the puncture site directly after the needle is withdrawn.
- Apply pressure onto the puncture site (or have the patient do so if they are capable) until the bleeding stops.
- It is also very important to minimise the number of times the patient requires venepuncture by ensuring that you have all of the correct pathology tubes and that they are filled and labelled correctly.

- **Phlebitis** –There is a higher risk of phlebitis in patients who have a compromised immune system and those who have a traumatic venepuncture performed with extensive bruising. To reduce this risk, you should
    - Make sure that perform correct hand hygiene prior to & following venepunture

      Click on this link to view 5 moments of hand hygiene
      http://www.hha.org.au/UserFiles/file/HHAAussie5Moments7MAY.pdf
    - Always wear gloves
    - Never withdraw blood from an area where there is an infected lesion
    - Apply key principles of Aseptic Non-Touch Technique protecting key parts and key sites.
        - standard aseptic technique utilising a general aseptic field: utilising micro aseptic fields
    - Perform skin preparation of puncture site according to hospital policy & procedure
    - Use an aseptic non-touch technique i.e., do not touch key site once prepped
    - Protect key parts i.e., equipment
    - Minimise trauma and bruising at the puncture site
    - Dispose of all contaminated equipment e.g., blood-stained tourniquets.

- **Arterial puncture** – Although rare it is possible for a person to accidently access an artery when taking blood. If this occurs, it will be identified by bright red blood rapidly filling the tube and possibly extensive bleeding from the puncture site. To avoid arterial puncture, the following steps are recommended:

    - Palpate the proposed site for a pulse, if it is pulsating stay away from that area
    - Always insert the needle at a 15 -20^{o} angle. The veins are usually closer to the surface and are accessible with the needle inserted at a shallow angle. The arteries are usually deeper, therefore the greater the angle of insertion of the needle the more risk of hitting an artery.
    - If the artery is punctured accidently, release the tourniquet and withdraw the needle. Apply pressure to the puncture site for a minimum of 5 minutes. If the site is still bleeding after 5 minutes keep applying pressure until haemostasis occurs.

4. PATIENT IDENTITY

Mistakes with patient identity have the potential for catastrophic effects in terms of the wrong diagnosis and treatment for patients. It also means that patients are subjected to unnecessary or repeated painful procedures that could have easily been avoided. Therefore, it is vital to be especially vigilant when establishing patient identity for the purpose of obtaining blood specimens.

When identifying the patient, you should:

1. Verify the patients name and ensure that it is the same as on the pathology request slip. Check the patient's identity band, if available

2. Have the patient verbally identity themselves including name, date of birth and address to ensure 3 identifiers are used.

3. Check the hospital identification number on the wristband, if available, ensuring that the number corresponds to the one on the pathology request slip

4. Ensure when documenting the patient details on the pathology tubes that all fields are completed correctly.

Samples and specimens
Accurate matching of patients with their clinical samples, and the appropriate labelling of those samples, is a critical element of correct patient identification.

All samples and specimens must be labelled with the following:

- Patient's surname
- Patient's Given name/s
- Date of birth

- UR number (if they are an inpatient)
- Date specimen was collected
- Time specimen was collected.

The information on the pathology request form MUST correspond with what the specimen is labelled with.

 All samples and specimens must be labelled immediately before leaving patient presence.

5. PATIENT PREPARATION

A number of blood tests require some form of patient preparation. These requirements are quite diverse and it is extremely important to ascertain what preparation is required for specific tests. This is to ensure that the pathology test result is accurate and not compromised by inadequate patient preparation and that the blood collection does not have to be repeated. These preparations range from the very simple to the more complex. If you are unsure as the type of patient preparation required for a specific test, then consult with the pathology service for your health service.

Some patient preparations include but are not limited to:

a) Fasting for a specified number of hours prior to a test e.g., fasting blood glucose, cholesterol levels
b) Avoidance of specific foods or medications prior to a blood test
c) Ensuring the patient has taken the correct dosage of medication at the correct time e.g. warfarin for International Normalized Ratio (INR); gentamycin for serum drug levels; digoxin for serum drug levels
d) The time and amount of the last dose needs to be documented on the pathology request form when taking blood for drug levels.

6. MEDICAL HISTORY

It is necessary to have knowledge of the patient's recent medical history, drug use, and diagnosis, if possible. The important factors are any bleeding disorders or medications which affect blood clotting.
Some patients have an acute pathological fear of needles which needs to be treated with respect. If this is the case, then ensure that the person collecting the blood is very experienced and can obtain the sample first time. A thorough explanation of the procedure and why it is necessary can help considerably.

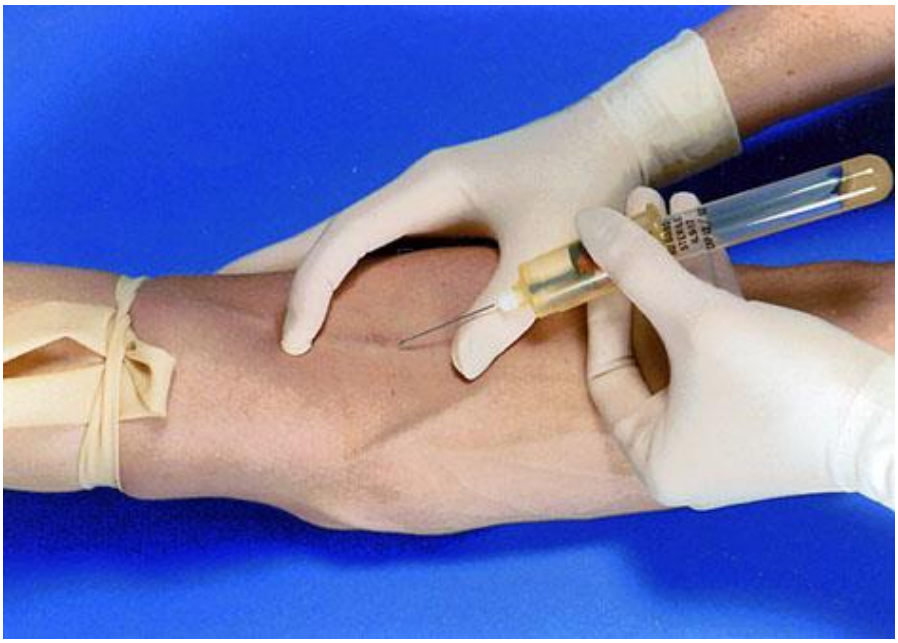
EQUIPMENT REQUIRED

1. Pathology form and pen
2. A disposable waterproof pad to protect surfaces from blood spills
3. PPE i.e., non-sterile gloves & googles. (Check your hospital policy & procedure)
4. Tourniquet to impede blood flow and engorge the veins to facilitate access
5. Alcohol wipes to cleanse skin prior to inserting the needle, to be effective this must be allowed to dry.
6. Vacutainer and accompanying double ended needle (21-23 gauge). A 21 – 23-gauge needle enables blood to be withdrawn at a reasonable speed and prevents haemolysis of the Red Blood Cells, which can occur if blood was taken with a smaller needle. Using the Vacutainer system minimises the handling of the blood and the risk of needle stick injuries (see diagram 1)
   A vacutainer & a BD butterfly needle with adapter can also be used (see diagram 2)

Diagram 1

Diagram 2

7. Appropriate test tubes for the diagnostic tests that have been ordered. The stoppers on the test tubes are colour coded for various diagnostic tests. Some contain preservatives, some contain anticoagulants, some contain coagulants and some contain nothing at all. Ensure you follow order of draw specifications if you are collecting multiple specimens provided by your local pathology provider.
8. *Sharps container to dispose of needles at the point of generation*
9. Cotton ball or gauze and tape, or a pressure dot to apply pressure to the puncture site.
10. Kidney dish or other appropriate container to keep all of the equipment together.



PROCEDURE

1. Explanation

A significant number of people dislike having blood taken and blood tests can invoke a significant degree of anxiety and fear. As mentioned previously this can manifest as a full-blown phobia. It is vital that a clear, honest explanation of the procedure is given. Emphasising the necessity of the blood test, the benefits may help the patient accept the procedure. It is very important that clear instructions are given regarding staying still to prevent the need to re-puncture.

2. Consent

Consent is a very important aspect and must be obtained from the patient prior to undertaking any procedure. This means the patient fully understands the procedure. Verbal consent can be used in this situation whereby the patient is explained the procedure, allowing for questions, and verbally agrees. The person may even imply consent by rolling up their sleeve.

3. Site assessment

In all but the most extreme cases blood tests are taken from the arm, not from the leg or foot. It is contraindicated for blood to be taken from an arm with lymphoedema, an arteriovenous shunt (for haemodialysis), or on the side of a mastectomy. It best to avoid arms with established intravenous access, and/or intravenous therapy, as this will likely affect the pathology test results.

Usually blood is taken from the veins in the antecubital fossa, with the medial cubital vein being the vein of choice. In some cases, the basilica and cephalic veins may be more suitable however they may require stabilisation as they tend to roll. All of these veins are straight, strong.

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It may be helpful to increase the volume of blood in the veins by warming the peripheries with a heat pack and keeping the hand dependent (hanging down) for a few minutes. The engorgement of the veins will make them easier to see and feel, and make access easier.

4. Hand Hygiene

As with all procedures with patients it is necessary to perform hand hygiene prior to and following the procedure to prevent cross contamination.

http://www.hha.org.au/UserFiles/file/HHAAussie5Moments7MAY.pdf

5. Equipment preparation

Ensure that you have all the equipment you require, including all of the necessary test tubes, prior to approaching the patient. To avoid fumbling and subsequent trauma to the vein ensure that the tubes are in a position where you can easily reach them when needing to change them over with the vacutainer system.

6. Applying the tourniquet

The tourniquet should be applied approximately 15 cm above the chosen site. The tourniquet should be tight enough to occlude the venous system but not the arterial system. You should still be able to feel a pulse below the tourniquet. Ideally the tourniquet should not be applied for longer than 2 minutes. However, this is very dependent on the calibre of the veins and the number of blood tubes required. It is important that you do not rush the procedure to have the tourniquet off before 2 minutes has elapsed. When applying the tourniquet, ensure the release button is located in an easily accessible position so that you can release the tourniquet prior to removing the needle from the vein.

7. Locating the vein

Finding a suitable vein can be done visually or by palpating or ideally using both methods. Allow sufficient time between application of the tourniquet and location of the vein for the veins to become engorged. Palpate the vein with the index and middle finger and it should feel round and firm and spring back when compressed. This process can be assisted by asking the patient to slowly close and open their hand a few times, however there is evidence to suggest that if the opening and closing of the hand is done too quickly haemodilation and inaccurate results can occur (Tollefson & Hillman, 2016). Stroking the arm towards the tourniquet may also help.

8. Cleansing the area: ANTT preparing the key site

Cleanse the area with an alcohol swab and allow it to dry – approximately 30 seconds. Effective cleansing prevents the introduction of microorganisms and ensures proper aseptic technique. One the area has been cleaned do NOT re-palpate site before insertion of needle otherwise contamination will occur.

9. Accessing the vein using a Vacutainer: ANTT protecting key sites & parts

a) Attach the double ended needle to the vacutainer holder and loosely place the first test tube in the holder according to order of draw. Protect key sites & parts and maintain ANTT

b) **DO NOT ATTACH THE TEST TUBE TO THE NEEDLE INISIDE VACUTAINER UNTIL THE VEIN HAS BEEN SUCCESSFULLY ACCESSED.**

c) Hold the vacutainer in your dominant hand and use your non – dominant hand to stabilise the vein by stretching the skin taut above the intended puncture site.

d) Remove the sheath from the needle. With the bevel facing up insert the needle into the skin at a 15 -30^{o} angle. The angle will be dependent upon the size and depth of the vein.

e) Advance the needle through the skin and subcutaneous tissue and gently but firmly through the vein wall. As the needle advances through the vein wall a change in pressure or "pop" may be felt (this is less likely with children or the frail elderly). Blood will appear in the hub of the needle or in the tubing of the butterfly.

f) Once the needle is in the vein ensure the needle is firmly anchored in the vein with your non-dominant hand, to prevent moving the needle or dislodgement. Then push the pathology tube firmly onto the other end of the needle, inside the vacutainer, with your dominant hand. The pathology tubes have a vacuum so the required about of blood will flow into it.
If no blood flows into the tube, or only a small amount, because the vein was missed or dislodged, do not use the pathology tube again as the vacuum will have been broken.

g) Once the tube is full to the required level the blood flow will stop. Disconnect that test tube and attach the next one according to the **"Order of Draw" provided by your local pathology provider** (this information should be provided with your pathology equipment) until no further tubes are required. It is important to maintain good anchorage of the needle during the changing of tubes otherwise dislodgement of the needle from the vein may occur.

It is quite important that the test tubes are filled in the correct order. Please refer to the "Order of Draw" chart (appendix 1)

10. Withdrawing the needle from vein

a) Ensure pathology tube is **NOT** attached before removing needle otherwise you will remove the needle under suction which can cause pain & discomfort.

b) **RELEASE THE TOURNIQUET** to minimise the risk of a blood spill, improve patient comfort and restore circulation to the hand.

c) Support the insertion site with a cotton ball or gauze to prevent tearing or damage to the intima of the vein. Do not apply pressure until needle is removed.

d) After withdrawal of the needle, apply pressure for 2 – 5 minutes to the puncture site until the bleeding stops. This pressure assists clotting, and prevents bleeding and ecchymosis. The patient may assist with applying the pressure if they are capable. As mentioned previously, some patients need pressure applied for a longer period to stop bleeding as they may be on certain medications i.e., Warfarin, or have a clotting disorder.

11. Care of patient post procedure

a) Once the bleeding has stopped apply a pressure dot, or cotton ball/gauze and tape position to minimise bruising. Band-Aids are not recommended for patients with fragile skin. If using a pressure dot, advise the patient to remove it after 1 - 2 hours.
b) Recheck the site before leaving the patient, observing for bleeding or haematoma formation.
If bleeding persists or returns apply pressure to the site until the bleeding stops.

12. Labelling test tubes

The requirements for labelling samples are:

a) Full Surname (Spelling MUST be correct)
b) Given Name (Spelling MUST be correct)
c) UR number, if a current inpatient
d) Date of Birth (DOB)
e) The date & time the specimen was collected
f) The collector's signature.

In some departments, such as the ED, patient labels **are** used.
If the labelling is incomplete, it may be necessary to recollect the blood sample.

Blood test tubes for X-match, group & hold must be HANDWRITTEN.

13. Labelling pathology request form

It is necessary to ensure that all of the relevant details are completed on the pathology request form.
The person drawing the blood must:

a) Document the date and time the specimen was taken on the form.
b) Document the date and time of the "Drug – Last dose", where applicable.
c) Print their surname and sign the declaration that they actually established the identity of the patient, obtained the specimen, and immediately labelled the tubes.

14. Disposal of equipment

a) Needles are to be placed into a sharp's disposal container as soon as possible.
b) The vacutainer barrel may be disposable. In this case it is discarded with the needle attached in the sharp's container. Some vacutainer barrels are NOT "single use only" and may be washed in hospital grade dishwasher – (Check with Policy & Procedure of your Health Service).
c) Any other disposable equipment contaminated with blood must be disposed into the "yellow" contaminated waste disposal bin. Otherwise dispose in standard waste bin
d) To support the team and promote efficiency, restock used equipment as required.

Each Health Service will have their own guidelines for these procedures so you need to consult these. Make sure you practice according to your hospital Policies & Procedures.

15. Transfer to laboratory

The filled, labelled test tubes and the pathology request form are placed in a biological hazard specimen bag. The test tubes are placed in the sealed compartment of the bag and the request form in the open section. Arrangements are then made to transport the specimen to your Pathology department. This may be via a pneumatic shute or personally depending on the arrangements at your health service.

DOCUMENTATION

In the patient's progress notes and in their care plan, document the date & time and the type of blood test taken and if the patient had any reaction to the procedure e.g., bled excessively, fainted.

Congratulations

This is the end of the reading section of the SDLP

Please complete the multiple-choice questions at the end of the SDLP and return them to your education department for correction.

You will then need to arrange for competency-based skills assessment at your facility – see page 19 & 20 for information on the competency skills assessment.

Please note:

Refer to the order of draw provided by the pathology provider at your health facility. A chart is normally kept with your pathology trolley or equipment.
Please ensure you know where to source this information.

References

National Health and Medical Research Council. (2019). *Australian guidelines for the prevention and control of infection in healthcare*. Accessed 13th June 2024 Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019) | NHMRC

Hand Hygiene Australia. (2009). http://www.hha.org.au/home/5-moments-for-hand hygiene.aspx Last accessed 26th June 2024.

Alfred Health Prompt document, *Venepuncture Guidelines* Prompt Document AHG0066925 v8.Date of last review 2nd December 2020

Koutoukidid, G., Stainton, K., & Hughson, J. (2020). *Tabbner's Nursing Care (8th ed.).* Chatswood, Australia: Elsevier.

The Women's. The Royal Women's Hospital *Blood Collection: Adult – Procedure.* Prompt Doc RWH0192137 v1.3. Date of last review 31st July 2020

WRITTEN ASSESSMENT – Part A

VENEPUNCTURE

Learner's name: _____

Please circle the correct answer

1. Venepuncture refers to the collection of blood from a:
    a) Artery
    b) Vein
    c) PICC line
    d) Intravenous cannula

2. To ensure that you are taking blood from the right patient you should (more than one answer may be correct):
    a) Check the patient's identity band with the name on the pathology request form
    b) Ask the patient their name, DOB and address and verify with pathology request
    c) Check the bed card matches the name on the pathology request
    d) Check the name on the notes at the end of the bed

3. When taking blood from a patient for an INR it is necessary to (more than one answer may be correct):
    a) Ensure that patient has fasted prior to the blood test
    b) Document the dosage of warfarin on the pathology request form
    c) Avoid applying pressure as it may hurt them
    d) Apply firm pressure for an extended period of time to prevent bleeding and minimise bruising.

4. Which patient has a higher risk of developing a haematoma?
    a) Patient taking anticoagulants
    b) Patient fasting pre-operatively
    c) Patient with a haemophilia
    d) Patient taking iron supplements

5. The double ended needles used with the vacutainer system are (more than one answer may be correct):
    a) 16 gauge
    b) 18 gauge
    c) 21 gauge
    d) 23 gauge

6. The preferred site for taking a blood test is the:
    a) Intravenous cannula as there is a cannula already in place
    b) Arteriovenous shunt as there is a cannula already in place
    c) Antecubital fossa
    d) Any leg veins

7. The tourniquet should be applied
   a) Over the intended puncture site
   b) 5 cm above the intended puncture site
   c) 10 cm above the intended puncture site
   d) 15 cm above the intended puncture site

8. When using the vacutainer system, you should attach the test tube to the needle:
   a) Before inserting the needle into the skin
   b) After inserting the needle into the skin but before it enters the vein
   c) After inserting the needle into the vein
   d) After you have pushed the needle through the vein wall and out the other side

9. When the needle has entered the vein a “flashback’ will always be seen if:
   a) You will never see a “flashback”
   b) You are using a straight vacutainer system only
   c) With a butterfly needle, vacutainer and adapter
   d) None of the above

10. It is important to release the tourniquet when:
   a) After all the blood has been collected and before withdrawing the needle from the vein
   b) After the you have palpated and cleansed the puncture site
   c) After the first tube is attached
   d) After withdrawing the needle from the vein

11. When labelling the test tubes, you should:
   a) Use patient labels for all types of specimens
   b) Write in the patient’s full surname, given name, DOB, and UR number
   c) Only put in the surname and given name
   d) Only fill in the DOB

12. After withdrawing the needle from the vein you should:
   a) Place the needle onto the bed so you can label the test tubes
   b) Hand the needle to someone else so you can label the test tubes
   c) Place the needle in a kidney dish and try to recap it
   d) Place the needle directly into a sharp’s container

13. The correct coloured tube for X Match, Blood Group and hold is:
   a) Red
   b) Dark Green
   c) Purple
   d) Pink

14. The blood vessel commonly considered the best for venepuncture is the:
    a) Subclavian vein
    b) Femoral vein
    c) Basilic vein
    d) Median Cubital vein

15. Where would you obtain the information on the order of draw for multiple pathology tests at your health service?

Part A: Competent / Not competent

CLINICAL SKILLS COMPETENCY -: VENEPUNCTURE

NAME: _____ **DATE**: _____

DEMONSTRATES: The ability to safely and efficiently collect blood for laboratory testing. It is an expectation that the clinician is familiar with local policy and protocols and performs within these guidelines.	**CRITERIA** **C** = Competent **S** = Requires supervision **D** = Requires development		
PERFORMANCE CRITERIA	**C**	**S**	**D**
Obtains pathology request form and ensures all details are present			
Identifies reason for blood collection			
Identifies safety considerations			
Ensures all necessary equipment is at hand			
Ensures that the correct tubes are collected for the tests requested			
Follows the correct procedure for identifying the correct patient includes 3 identifiers.			
Provides explanation to patient & seeks informed consent			
Provides privacy and comfort to patient			
Positions patient appropriately			
Assesses arm and selects site			
Correct hand hygiene & aseptic technique throughout procedure			
Assembles equipment and places in an accessible place			
Applies the tourniquet correctly			
Locates the vein and cleanses the area			
Accesses the vein with minimal trauma to the vein maintaining asepsis			
Draws the blood into the tubes in the correct order			
Releases the tourniquet			
Withdraws the needle and applies pressure to the insertion site			
Disposes, cleans and replaces equipment appropriately			
Labels tubes correctly & places in biohazard bag with the correct request form			
Signs tubes & pathology request form			
Places tubes in correct receptacle for transfer to the laboratory			
Documents appropriately in the patients notes			

See next page

COMMENTS_____
_____
_____

COMPETENT **YES**

NOT YET – REQUIRES FURTHER SUPERVISION

NOT YET – REQUIRES FURTHER DEVELOPMENT I.E. RE READING THE PACKAGE

Assessee _____

Assessor _____

Once you have successfully completed your Venepuncture Clinical Skills Competency, take a copy, and submit the original competency assessment form to your Educator.

VENEPUNCTURE

Date: _____ How long did this package take to complete? _____

Please indicate your response to each of these statements
by ticking the appropriate box and return to Nurse Educator

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Overall, I found this learning package worth while	❑	❑	❑	❑	❑
2. The way in which the learning package was presented made it easy to understand	❑	❑	❑	❑	❑
1. My knowledge of this topic was improved after completing this learning package	❑	❑	❑	❑	❑
2. My skills in this area have been enhanced since completing this learning package	❑	❑	❑	❑	❑
3. The resources provided were sufficient for me to answer the test adequately	❑	❑	❑	❑	❑
4. I would recommend this learning package to others	❑	❑	❑	❑	❑
5. I will be able to apply knowledge and skills acquired in my clinical practice	❑	❑	❑	❑	❑

Comments (Optional)

_____

_____

Thank you for taking the time to complete this evaluation. Your comments are valued and appreciated. Please return this form to your Nurse Educator