

Valley Medical Group, P.C.
Laboratory Policy and Procedure

Title: Mobile Lab Draw and Response to Syncopal Episodes (AMC, EHC, NHC)

Purpose: Define approach to patient care during mobile lab draw and syncopal episodes.

Procedure

BEFORE the procedure-

1. If the patient expresses to the phlebotomist that they have a history of fainting during lab draws and/or if the lab reception phlebotomist notices an alert in the patient's chart of history of fainting or needle-phobia **BEFORE** the routine lab draw, the assisting phlebotomist will take extra precaution to stand in front of the patient in the wheelchair.
2. The assisting phlebotomist will talk to the patient during the blood draw to keep them distracted and periodically ask how they are feeling.
3. After the draw, the patient will be offered juice or crackers.
4. The assisting phlebotomist will stay with the patient for an extra 5 minutes to ensure that it is safe for the patient to return to his/her vehicle.

DURING the procedure-

1. If the patient feels faint **DURING** the lab draw, the phlebotomist will stop the procedure, gently remove the tourniquet and needle from the patient's arm, apply gauze and hold pressure to the puncture site.
2. The phlebotomist doing the procedure will make sure the puncture site is covered with the appropriate bandage.
3. The assisting phlebotomist will place the patient's head between his/her knees and a cold compress will be applied to the back of the neck.
4. The patient will be offered juice or crackers.
5. The phlebotomist will stay with the patient for at least 10-15 minutes to ensure the patient has fully recovered from the fainting episode.

Note: *If the patient faints during the procedure*, the patient will be moved carefully to the ground and the patient's feet will be elevated by the phlebotomist; the assisting phlebotomist will enter the health center and call for emergency assistance per VMG's Emergency Assistance Outdoor Policy.

AFTER the procedure-

1. If the patient states that he/she feels dizzy **AFTER** the blood collection is completed, the phlebotomist will make sure the puncture site is covered with the appropriate bandage.
2. The assisting phlebotomist will place the patient's head between his/her knees and a cold compress will be applied to the back of the neck.

3. The patient will be offered juice or crackers.
4. The phlebotomist will stay with the patient for at least 10-15 minutes to ensure the patient has fully recovered from the fainting episode.

Note: *If the patient faints after the procedure,* the patient will be moved carefully to the ground and the patient's feet will be elevated by the phlebotomist; the assisting phlebotomist will enter the health center and call for emergency assistance per VMG's Emergency Assistance Outdoor Policy.

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Approval	Gina Campbell MSN, RN, Vice President Clinical Operations
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Review	
Revision	