

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

Title: Mobile Lab Draw and Response to Syncopal Episodes (GHC)

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 draw will be performed while the patient is laying in the recliner to prevent syncope.

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 patient will then be moved to the recliner with the help of the assisting phlebotomist and the patient's feet will be elevated.
3. The phlebotomist will make sure the puncture site is covered with the appropriate bandage.
4. A cold compress will be applied to the back of the patient's neck and 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 is unable to be moved to the recliner,* the patient's head will be placed between his/her knees and a cold compress will be applied to the back of the neck until the patient feels well enough to move to the recliner.

*If the patient actually faints during the blood draw or is not responsive, then the assisting phlebotomist will 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 patient will then be moved to the recliner with the help of the assisting phlebotomist and the patient's feet will be elevated.
3. A cold compress will be applied to the back of the patient's neck and 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 is unable to be moved to the recliner, the patient's head will be placed between his/her knees and a cold compress will be applied to the back of the neck until the patient feels well enough to move to the recliner.

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Review	
Revision	