



Saginaw County

HEALTH DEPARTMENT

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Title: Blood Collection by Skin Puncture

Index: SA 2

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Organizational Unit: Saginaw County Regional Laboratory

Section: Saginaw County Lab Waived Testing

Location: High Complexity Testing

Introduction and Scope: Blood Collection by Skin Puncture

Introduction and Scope

Finger stick procedure

Blood Collection by Skin Puncture

I PURPOSE:

To obtain an adequate blood for laboratory tests through a skin puncture.

II MATERIALS AND EQUIPMENT:

- A. Disposable non-latex gloves
- B. Isopropyl alcohol
- C. Cotton balls or gauze
- D. Safety Blood lancets for skin puncture (finger and heel)
- E. Sharp's containers
- F. Band Aids (optional)
- G. Appropriate microcuvettes, or tubes for micro sampling
- H. Disinfectant (10% household bleach) for work area

III. SAFETY:

- A. Use universal precautions as outlined in the Bloodborne Pathogen Plan.
- B. Use safety needle devices to obtain blood sample.
- C. Place sharp's container close to the collection site.
- D. Wear disposable gloves at all times during the procedure. Lab coat for pediatric and uncooperative patients is recommended.
- E. Change gloves between patients and wash hands.

IV. PROCEDURE:

- A. The procedure should be explained to the patient, and parent or guardian. Ask if the patient has any allergies to alcohol or band aids/tape. If they do, consult with your supervisor. Note the allergy in their chart.
- B. Choose the puncture site:
 1. Newborn and infants (# 23 months): The blood is generally obtained from the heel, since this area is larger and more accessible than the fingertip. For WIC infants and children under 2 years of age, use their right heel.

The site must be on the plantar surface medial to a line drawn posteriorly from between the 4th and 5th toes to the heel. (Figure, Appendix A-1). "Plantar surface" is defined as the walking surface of the foot. "Medial" is defined as close to the midline of the body.

It may be helpful to warm the site before performing a skin puncture. Warming the site increases blood flow to that area. A warm, moist, clean

towel at a temperature no higher than 42°C (107.6°F) can be used.

2. Young Children (age >24 months) and adults: Usually the third or fourth finger is used to obtain a sample. Choose a site that is on the side of the fingertip, midway between the edge and midpoint of the fingertip. (Figure, Appendix A-2). DO NOT use thumbs.

- C. Thoroughly wash your hands with warm soapy water. Put on a new pair of gloves. Thoroughly cleanse the chosen site with 70% alcohol. Wipe excess alcohol with sterile gauze. Allow the skin to air-dry. Wet alcohol remaining on the skin will sting the client and may dilute the sample.
- D. Use a sterile blood lancet; make a deep puncture at the chosen site. (A deep puncture is no more painful than a superficial one, gives a much better flow, and makes it unnecessary to repeat the procedure.) Immediately dispose of contaminated lancet into a sharp's container.
- E. Using a dry gauze (or cotton ball), wipe away the first drop of blood; making certain the area is completely dry.
- F. Apply moderate pressure, approximately 1 cm behind the site of the puncture to obtain a drop of blood.
- G. Release this pressure immediately to allow recirculation of the blood.
- H. Collect the free-flowing blood into the chosen container. If using a capillary container, use as follows:

Hold the capillary horizontally. Touch the tip of the capillary to the underside of the drop. Blood will flow freely into the capillary and directly into the tube.
- I. Repeat steps F & G until enough blood has been collected.
- J. Apply a piece of gauze, (or cotton ball), to the puncture site, using slight pressure until the bleeding has stopped. For adult patients, offer a band-aid. For children, place a band-aid on the puncture site.
- K. If specimen is not being tested immediately, label the specimen and store appropriately according to the ordered test procedure.

V. PROCEDURE NOTES:

- A. Skin punctures should not be performed on fingers of newborns or infants. The distance from skin surface to bone in the thickest portion of the last digit of each finger of newborns varies from 1.2 - 2.2 mm. Some lancets could easily damage the bone. In newborns, local infection and gangrene may be a complication of finger punctures.
- B. The skin puncture site must be warm and may not be swollen. Accumulated fluid, edema, in the tissues will contaminate (dilute) the specimen.

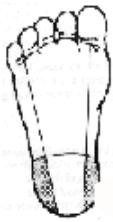
VI. REFERENCES:

NCCLS. Volume 2. No. 5. "Approved Standard Procedures for the Collection of Diagnostic Blood Specimen by Skin Puncture". 1982.

Brown, Barbara, 1980. Hematology: Principles and Procedures. Third Edition. Lea & Febiger. Philadelphia, PA.

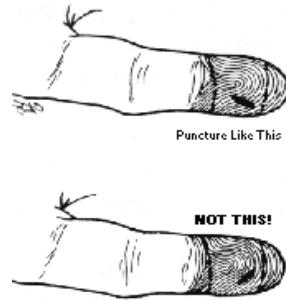
VII. AUTHOR (S):

Tamara Theisen, MT(ASCP)

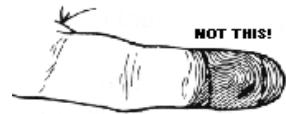


Appendix A-1

The shaded area shows recommended areas



A
ppendix A-2



Appendix: Blood Collection by Skin Puncture

Links

Please note: links are only correct at time of printing

Controlled Document links:

Document Revision History

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Appendix: Blood Collection by Skin Puncture

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Draft Created on 11-Oct-2021 19:47 by Tammy Theisen

Reason: needs annual review

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Appendix: Blood Collection by Skin Puncture

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New SOP created

Appendix: Blood Collection by Skin Puncture

Authorisation

This document was securely signed and authorised by:

Marty Soehnlen: 07-Oct-2025 16:55