

# **Performing a Venesection, Detailing Vein Selection and Patient Care Clinical Guideline**

**V6.0**

**March 2022**

## 1. Aim/Purpose of this Guideline

- 1.1. Venesection is a clinical procedure commonly performed in the Haematology setting. A therapeutic venesection is the removal of a volume of blood as a treatment for certain blood disorders.
- 1.2. This guideline outlines the minimum standard expected from clinical staff who perform venesection as part of their duties within Haematology. The primary purpose of this guideline is to ensure that practice is safe and based on best possible evidence.
- 1.3. This version supersedes any previous versions of this document.

### **Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation**

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust      [rch-tr.infogov@nhs.net](mailto:rch-tr.infogov@nhs.net)

## 2. The Guidance

- 2.1. This guideline applies to all clinical staff, regardless of grade or profession, who undertake venesection within Haematology. This includes permanent, temporary, locum and bank health care staff, working in both clinical outpatient and inpatient areas.
- 2.2. The procedure set out in Appendix 1 supports appropriate preparation of the patient and aims to ensure safe practice and high-quality patient care. There is education and support in place to enable staff to attain competency in the skill.

### 2.3. *Venesection Procedure*

#### 2.3.1. **Equipment**

1. Valid prescription with the patient's name, date of birth, hospital number, amount to be venesected and doctor's signature
2. Non-sterile low protein powder free latex gloves
3. Apron

4. Local anaesthetic spray or local anaesthetic cream if required
5. Tourniquet
6. Cotton wool balls
7. Venesection pack with integral needle and no anticoagulant in bag
8. Tape
9. 10cm cling bandage
10. Intravenous fluid giving set, cannula and replacement fluid, if required
11. Electronic scales to weigh the bag of blood
12. Chloraprep

### 2.3.2. Procedure

Action	Rationale
1. Explain the procedure to the patient	So that the patient understands what will happen and informed verbal consent can be obtained
2. Lie the patient on a bed or couch and make them comfortable	This is in case the patient's blood pressure drops during the procedure
3. Take the patient's blood pressure and record it on a TPR sheet and the patient's nursing notes – clearly, accurately and legibly	This is to establish a base line blood pressure pre-procedure. The doctor should be told of any abnormal readings before the procedure begins. It is also so that the information is available for future reference
4. Apply tourniquet and ensure arterial flow is not compromised	
5. Select a large, palpable vein, avoiding any well-used areas if at all possible. Negotiate with the patient a mutually acceptable site. Remove the tourniquet until just prior to venepuncture	To get the best flow of blood possible, avoiding areas of scar tissue. Patients who have repeated procedures often know which veins are best to use. To promote comfort for the patient

**2.3.3. IF THERE DOES NOT APPEAR TO BE A SUITABLE VEIN,  
PLEASE SEE THE NOTE AT THE END OF THE PROCEDURE**

<b>Action</b>	<b>Rationale</b>
<p>6. Local anaesthetic cream may be prescribed and applied prior to venesection to give anaesthesia If the patient has regular venesections, this could be applied while they are waiting to see the doctor</p>	<p>To ensure the patient's comfort at the time of the procedure</p>
<p>7. If any replacement fluid has been prescribed, it should be started now, slowly, through a cannula in the opposite arm</p>	<p>To minimize any drop in blood pressure or reaction to lowered blood volume in the patient</p>
<p>8. Apply tourniquet. Clean the site according to RCHT Aseptic Technique Guidelines</p>	<p>To avoid introducing infection with the needle puncture</p>
<p>9. The integral needle is used to puncture the vein and secured with tape. A flow is established by positioning the bag on the scales. The higher the bag is, the slower the flow. The bag must never be placed higher than the needle.</p> <p>If the blood is flowing too quickly, release the tourniquet. If it is flowing too slowly, increase the pressure to obtain a faster flow, making sure this does not cause the patient discomfort or impede the radial pulse. The flow may also be helped if the patient opens and closes their fist</p>	<p>To establish a flow of blood from the vein into the collection bag while the patient remains comfortable</p>
<p>10. When the specified amount of blood has been venesected, release the tourniquet. The needle is removed while the puncture site is covered with a cotton wool ball and pressed firmly until the bleeding stops, before being bandaged firmly. When the replacement fluid has been completed, the cannula should be removed according to RCHT policy</p>	<p>To terminate the venesection safely and prevent further haemorrhaging</p>
<p>11. When the procedure has been completed, the patient rests to recover for 20 minutes or until they feel able to go. A drink should be given to them during this time</p>	<p>To allow the body to recover from the change in blood volume</p>

Action	Rationale
<p>12. After checking the patient's blood pressure on the opposite arm to the venesection puncture, the patient is helped off the bed or couch and, if there are no apparent problems, they may leave.</p> <p>Any abnormalities should be reported to a doctor immediately and the patient should be seen by the doctor</p>	<p>To check that there has not been a drop in the patient's blood pressure. To prevent haemorrhage from the needle puncture site</p> <p>To minimize any potential complications</p>
<p>13. When the patient leaves, they should be advised to contact the unit if they are worried or have any problems following this procedure</p>	<p>To give the patient a point of contact should they experience any problems following this procedure</p>

2.3.4. NB: Some patients have veins which are too small for the needle attached to the donor bag. In this case, a butterfly needle (19g or 21g) may be used with syringes to draw off the required amount. Any small amounts of replacement fluid prescribed may also be given slowly this way, amounts over 50ml should be given via the IV infusion. Other parts of the procedure should be carried out as stated above.

2.3.5. **The amount of venesectioned blood should be weighed for accuracy. 100mls of blood weighs 109gms.**

### 3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Compliance with the procedure
Lead	Headland Unit Managers and Haematology CNS
Tool	Staff training records and documentation, Datix reports
Frequency	If a reportable incident or complaint occurs.
Reporting arrangements	Report will be used to identify gaps in staff training and the results fed back to staff to reinforce good practice.
Acting on recommendations and Lead(s)	Headland managers and Haematology CNSs will be responsible for implementing any actions recommended to improve the service.
Change in practice and lessons to be shared	Headland Managers and Haematology CNSs will be responsible for implementing and sharing any changes recommended to improve the service.

### 4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion & Human Rights Policy'](#) or the [Equality and Diversity website](#).

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 3.

## Appendix 1. Governance Information

Information Category	Detailed Information
<b>Document Title:</b>	Performing a Venesection, Detailing Vein Selection and Patient Care Clinical Guideline V6.0
<b>This document replaces (exact title of previous version):</b>	Performing a Venesection, Detailing Vein Selection and Patient Care Clinical Guideline V5.0
<b>Date Issued/Approved:</b>	19 March 2022
<b>Date Valid From:</b>	March 2022
<b>Date Valid To:</b>	March 2025
<b>Directorate / Department responsible (author/owner):</b>	Caroline Edwards Haematology CNS Sarah Caskey, Haematology Oncology Matron
<b>Contact details:</b>	01872 253239
<b>Brief summary of contents:</b>	Defines safe practice with regard to performing venesection
<b>Suggested Keywords:</b>	Venesection
<b>Target Audience:</b>	RCHT: Yes CFT: No KCCG: No
<b>Executive Director responsible for Policy:</b>	Medical Director
<b>Approval route for consultation and ratification:</b>	Haematology/Oncology Specialty meeting CSSC Governance DMB
<b>General Manager confirming approval processes:</b>	Ian Mcgowan
<b>Name of Governance Lead confirming approval by specialty and care group management meetings:</b>	Suzanne Atkinson
<b>Links to key external standards:</b>	None.
<b>Related Documents:</b>	None
<b>Training Need Identified?</b>	No

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet
Document Library Folder/Sub Folder:	Clinical / Haematology

### Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
Oct 2000	V1.0	Initial issue	
Jun 2010	V2.0	Updated to comply with RCHT documentation policy	Sarah Caskey, Headland Manager Caroline Edwards, Haematology CNS
Feb 2013	V3.0	Format updated to comply with RCHT documentation policy. No significant changes to content	Sarah Caskey, Headland Manager Caroline Edwards, Haematology CN
Feb 2016	V4.0	Format updated to RCHT Clinical Guideline template.	Caroline Edwards, Haematology CNS
Nov 2018	V5.0	Updated to comply with RCHT documentation policy	Caroline Edwards, Haematology CNS
March 2022	V6.0	Format updated to RCHT Clinical Guideline template.	Caroline Edwards, Haematology CNS

**All or part of this document can be released under the Freedom of Information Act 2000**

**This document is to be retained for 10 years from the date of expiry.**

**This document is only valid on the day of printing**

#### Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

## Appendix 2. Equality Impact Assessment

### Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity & Inclusion Team [richt.inclusion@nhs.net](mailto:richt.inclusion@nhs.net)

Information Category	Detailed Information
<b>Name of the strategy / policy / proposal / service function to be assessed:</b>	Performing a Venesection, Detailing Vein Selection and Patient Care Clinical Guideline V6.0
<b>Directorate and service area:</b>	General Surgery and Cancer, Haematology
<b>Is this a new or existing Policy?</b>	Existing
<b>Name of individual completing EIA</b> (Should be completed by an individual with a good understanding of the Service/Policy):	Caroline Edwards, Haematology CNS
<b>Contact details:</b>	01872 253239

Information Category	Detailed Information
<b>1. Policy Aim - Who is the Policy aimed at?</b>  (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Clear guidance for all clinical staff who undertake venesection within Haematology
<b>2. Policy Objectives</b>	To ensure patient safety and best practice when performing venesection
<b>3. Policy Intended Outcomes</b>	Staff are competent to perform venesection and patients are not put at risk
<b>4. How will you measure each outcome?</b>	Staff training records, Datix.
<b>5. Who is intended to benefit from the policy?</b>	Patients and staff involved with venesection

Information Category	Detailed Information
<b>6a. Who did you consult with?</b> (Please select Yes or No for each category)	<ul style="list-style-type: none"> <li>• Workforce: Yes</li> <li>• Patients/ visitors: No</li> <li>• Local groups/ system partners: No</li> <li>• External organisations: No</li> <li>• Other: No</li> </ul>
<b>6b. Please list the individuals/groups who have been consulted about this policy.</b>	<b>Please record specific names of individuals/ groups:</b> Haematology/Oncology Specialty meeting CSSC Governance DMB
<b>6c. What was the outcome of the consultation?</b>	Approved
<b>6d. Have you used any of the following to assist your assessment?</b>	<b>National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys:</b> No

**7. The Impact**

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
<b>Age</b>	No	
<b>Sex</b> (male or female)	No	
<b>Gender reassignment</b> (Transgender, non-binary, gender fluid etc.)	No	
<b>Race</b>	No	
<b>Disability</b> (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
<b>Religion or belief</b>	No	
<b>Marriage and civil partnership</b>	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

**A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.**

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Caroline Edwards, Haematology CNS

**If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:**  
[Section 2. Full Equality Analysis](#)