

BD Nexiva™

Closed IV Catheter System—Single Port

Blood collection points to practice



(fig. 1)

(fig. 2)



(fig. 3)



(fig. 4)

1 Collect

- Clamp extension tube and remove vent plug or connector. (fig. 1)
- Attach the BD Vacutainer® Luer-Lok™ Access Device (LLAD) for closed system collection of blood. If not using LLAD, attach a syringe instead. (fig. 2)
- Unclamp extension tube and collect blood.
- Clamp extension tube and remove syringe or LLAD.

2 Flush

- Attach flush syringe.
- Unclamp extension tube and flush. (fig. 3)

3 Connect

- Clamp extension tube and remove flush syringe.
- Attach needle-free connector. (fig. 4)

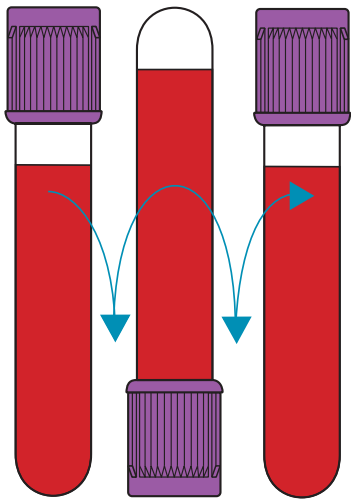
Fig. 1: Order of draw for multiple tube collections

Closure color	Collection tube	Mix by inverting
BD Vacutainer® Blood Collection Tubes (glass or plastic)		
	Blood cultures - SPS	8 to 10 times
	Citrate tube	3 to 4 times
or	– BD Vacutainer® Serum Separation Tube (SST™) Gel Separator Tube	5 times
	– Serum tube	5 times (<i>plastic</i>), none (<i>glass</i>)
	– BD Vacutainer® Rapid Serum Tube (RST™)	5 to 6 times
or	– BD Vacutainer® Plasma Separation Tube (PST™) Gel Separator Tube with Heparin	8 to 10 times
	– Heparin tube	8 to 10 times
or	– EDTA tube	8 to 10 times
	– BD Vacutainer® Plasma Preparation Tube (PPT™) Gel Separator Tube with K ₂ EDTA	8 to 10 times
	Fluoride (<i>glucose</i>) tube	8 to 10 times

Clinical and Laboratory Standards Institute (CLSI). Collection of Diagnostic Venous Blood Specimens. 7th ed. CLSI document GP41. Clinical and Laboratory Standards Institute, 950 West Valley Road, Suite 2500, Wayne, PA, 02017

Note: Always follow your facility's protocol for order of draw

Fig. 2: Mix tubes by inverting the recommended number of times



= 1 inversion

*The Infusion Therapy Standards of Practice recommend using peripheral IV catheters for blood collection only at the time of insertion.

Reference

Gorski LA. Infusion nursing standards of practice. J Infus Nurs. 2021, Vol. 44, No. 1S, pages S125-S133.

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Tips for success

Blood collection from short peripheral IV catheters

Drying time of prepping agent

- Allow the cleansed site to dry thoroughly.
- Red blood cell lysis is common with exposure to antiseptic agents (particularly alcohol) not allowed to dry.

Tourniquet time

- Do not leave the tourniquet on for more than one (1) minute.

Syringe use

- Forcefully pulling the plunger back during blood collection may create enough pressure to cause hemolysis. Pull back slowly.
- Use the BD Vacutainer® Blood Transfer Device to enable safe, needless transfer of blood from syringe to tube.
- Pushing the plunger when transferring blood from a syringe into a tube may cause hemolysis.
- Do not apply pressure to the syringe plunger to accelerate the rate of transfer. Allow the tube vacuum to draw the blood from the syringe.

Multiple tube collection

- Collect tubes in the order shown (fig. 1), from top to bottom, to prevent cross contamination of tube additives.

Volume per tube

- Allow the natural vacuum of each tube to fill the tube with the correct blood volume to ensure the proper ratio of tube additive to blood. Fill volume is especially critical for the light blue sodium citrate tubes used for coagulation studies.

Mixing tube additive

- Gently invert each tube as they are removed from the holder and before engaging the next tube. (fig. 2) Refer to fig. 1 for the number of inversions per tube type.
- Vigorous mixing or shaking of the tubes may cause hemolysis.

Specimen transport

- Mechanical trauma during transport may occur in a pneumatic tube system, resulting in hemolysis.
- Tubes not filled with enough blood have more head space within the tube for blood to move back and forth during tube transport.

