

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 connector. (fig. 1)
- Attach syringe or the BD Vacutainer® Luer-Lok™ access device (LLAD). (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 needleless access device. (fig. 4)

fig. 1

**The BD Vacutainer®
Blood Collection System**

**Order of draw
for multiple tube collections**
CLSI-recommended order of draw (GP41–A6)

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
	BD Vacutainer® SST™ gel separator tube	5 times
	Serum tube (glass or plastic)	5 times (plastic) none (glass)
	BD Vacutainer® rapid serum tube (RST)	5 to 6 times
	BD Vacutainer® PST™ gel separator tube with heparin	8 to 10 times
	Heparin tube	8 to 10 times
	BD Vacutainer® Barricor™ plasma blood collection tube with heparin	8 to 10 times
	EDTA tube	8 to 10 times
	BD Vacutainer® PPT™ gel separator with K ₂ EDTA	8 to 10 times
	Fluoride (glucose) tube	8 to 10 times

*When using a winged blood collection set for venipuncture and a coagulation (citrate) tube is the first specimen tube to be drawn, a discard tube should be drawn first. The discard tube must be used to fill the blood collection set tubing's "dead space" with blood but the discard tube does not need to be completely filled. This important step will ensure maintenance of the proper blood-to-additive ratio of the blood specimen. The discard tube should be a nonadditive or coagulation tube.

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

fig. 2

**The BD Vacutainer®
Blood Collection System**

**Mix tubes by inverting
the recommended number of times**



= 1 inversion

Handle all biologic samples and blood collection "sharps" (lancets, needles, luer adapters and blood collection sets) according to the policies and procedures of your facility. Obtain appropriate medical attention in the event of any exposure to biologic samples (for example, through a puncture injury) since they may transmit viral hepatitis, HIV & AIDS or other infectious diseases. Utilize any built-in needle protector if the blood collection device provides one. BD does not recommend resheating used needles, but the policies and procedures of your facility may differ and must always be followed. Discard any blood collection "sharps" in biohazard containers approved for their disposal.

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.
- 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

- Fill each tube with the correct blood volume to ensure sufficient specimen is available for testing and 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)
- 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.

*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.* 2007;30(3):151–152.

BD, Franklin Lakes, NJ, 07417, U.S.

bd.com

