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- Microcollection Containers (different order of draw)
 - Small plastic tubes used to collect tiny amounts of blood from capillary punctures
 - Some come with narrow capillary tubes attached
 - Have color-coded bodies or stoppers & markings for min/max fill levels
- Microhematocrit Tubes and Sealants
 - Disposable, narrow-bore plastic or plastic-clad glass tubes
 - Fill by capillary action
 - Used primarily for hematocrit determinations
 - One end of tube is sealed with plastic or clay sealants



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Capillary Puncture Equipment (cont'd)

- Capillary Blood Gas Equipment (CBG)
 - CBG collection tubes: narrow-bore plastic capillary tubes
 - Stirrers: (fleas) metal filings or bars inserted into tube to mix
 - Magnet: used for mixing, in conjunction with stirrer
 - Plastic caps: used to seal tubes
- Microscope Slides
 - Used for blood films for hematology determinations
- · Warming devices
 - Warming the site increases blood flow as much as 7 times

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Wolters Kluwer Lippincott Health Williams & Wilkins Wolters Kluwer Lippincott Health Williams & Wilkins **Capillary Puncture Principles** Capillary Puncture Principles (cont'd) · Composition of Capillary Specimens • Indications for Capillary Puncture in Adults & Older Children - Mixture of arterial, venous, & capillary blood - Available veins are fragile or must be saved for other procedures - Interstitial & intracellular fluid Several unsuccessful venipunctures have been performed More closely resembles arterial blood than venous Patient has clot-forming tendencies Reference Values - Patient is apprehensive or has an intense fear of needles - Capillary reference values may differ from venous values - There are no accessible veins (IVs in both arms, scars, burns) · Glucose concentrations are higher in capillary blood For POCT procedures such as glucose and protime monitoring If pt can't afford to have a waste drawn from line. • Total protein (TP), calcium (Ca2+), and potassium (K+) concentrations are lower in capillary blood Copyright © 2012 Wolters Kluwer Health | Lippincott Williams & Wilkins Copyright © 2012 Wolters Kluwer Health | Lippincott Williams & Wilkins

Capillary Puncture Principles (cont'd)

- Reasons for Capillary Puncture in Infants & Very Young Children
 - Small blood volume & risk of anemia
 - Risk of cardiac arrest when large quantities of blood are removed
 - Venipuncture is difficult & may damage veins & surrounding tissues
 - Puncturing deep veins can cause hemorrhage, venous thrombosis, infection, & gangrene
 - Risk of injury due to restraint needed for venipuncture
 - Capillary blood is preferred specimen for some tests

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Capillary Puncture Principles (cont'd)

• Tests That Cannot Be Collected by Capillary Puncture

- Most erythrocyte sedimentation rate methods
- Coagulation studies that require plasma specimens
- Blood cultures
- Tests that require large volumes of serum or plasma

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Capillary Puncture Principles (cont'd)

- Order of Draw
 - Blood gas specimens (CBGs)
 - EDTA specimens
 - Other additive specimens
 - Serum specimens
 - Over filling tube can cause microclot formation

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Capillary Puncture Steps

- First 4 Steps Are Same as for Venipuncture (see Ch. 8)
 - Step 1: Review & accession test request
 - Step 2: Approach, identify, & prepare patient
 - Step 3: Verify diet restrictions & latex sensitivity
 - Step 4: Sanitize hands & put on gloves

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Capillary Puncture Steps (cont'd)

- Step 5: Position Patient
 - Finger puncture: arm supported on firm surface, hand
 - extended & palm down...gravity is your friend
 - Whorls: spiral patterns in finger tips
 - Young child: held in lap of parent or guardian
 - Infant heel puncture: supine









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Wolters Kluwer Lippincott Williams & Wilkins Capillary Puncture Steps (cont'd) Step 9: Prepare Equipment Don gloves if not already on Select collection devices & place in easy reach Select new, sterile lancet/incision device Open packages in view of patient

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Capillary Puncture Steps (cont'd)

- Step 10: Puncture the Site and Discard Lancet
 - Finger puncture
 - Grasp patient's finger between non dominant thumb & index finger
 - Place lancet device flat against skin in central, fleshy pad
 - Heel puncture
 - · Grasp foot gently but firmly with nondominant hand
 - Encircle heel by wrapping your index finger around arch, thumb around bottom, & other fingers around top of foot
 - Place lancet flat against skin on medial or lateral plantar surface of heel



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Capillary Puncture Steps (cont'd)

• Step 12: Fill and Mix Tubes/Containers in Order of Draw

- Collect slides, platelet counts, & other hematology specimens first to avoid clumping & clotting
- Collect other anticoagulant containers next & serum specimens last
- Touch collection tube or device to drop of blood

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Special Capillary Puncture Procedures

- Capillary blood gas specimen by heel puncture
- Neonatal bilirubin collection
- Newborn/neonatal screening: Video (Phlebotomy newborn Screeing and PKU)
 - Phenylketonuria (PKU)- done every newborn, state required
 - Galactosemia
 - Hypothyroidism
 - Cystic fibrosis

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Special Capillary Puncture Procedures (cont'd)

• Routine blood film/smear preparation









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Chapter 10/17	I test info at the end of chapter 11 slides
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