



Venepuncture for Paediatric Phlebotomy

Hull & East Riding of Yorkshire Joint Competency Booklet

Name:			
Payroll Number:		Date Commenced:	
Practice Supervisor/s:		Practice Assessor:	



Additional Competency

Venepuncture for Paediatric Nurses

HEY 247: Venepuncture Workshop

The Practitioner:			Evidence
	1.0 Professional and Legal Issues		
		Records and reports information in a manner that is clear, concise, timely and accurate	
		Reflects on own practice and takes action to develop and improve knowledge and skills	
		Describes circumstances where it is inappropriate to perform venepuncture and the alternative action to take	
		Demonstrates best practice in gaining informed consent from the child and family	
		Demonstrate awareness of local aseptic non-touch technique (ANTT) policy.	
		Discusses the legal and professional issues associated with performing venepuncture.	
		Outlines current evidence to support best practice in venepuncture	



2.0 Preparation		
	Performs the preparatory processes for venepuncture in a safe and effective manner.	
	Uses appropriate procedures for correctly identifying the patient.	
	Describes the anatomy and physiology applicable to venepuncture.	
	Assesses the child's physical and psychological needs before, during and after venepuncture and uses these in preparing a care plan.	
	Employs appropriate methods to select and prepare suitable sites for venepuncture and selects suitable collection devices and equipment, giving rationale for choice.	
	Demonstrates knowledge of pharmacological and non-pharmacological pain relief, including the correct application of local anaesthetic cream to an appropriate site.	
	Identifies when hospital play specialist, should be involved in preparation and explains the potential for therapeutic holding, and checks that the child and/or parents are happy with this	
	Uses strategies to minimise the risk of injury to others who may be present.	
	Performs procedure using ANTT principles	
	Describe the methods used to identify appropriate and inappropriate sites for venepuncture	



		Create a safe environment for performing venepuncture.	
		Give an account of the use of patient group directives	
	3.0 Hazard and Risk Management		
		Describes the risks and complications to self and child associated with venepuncture, and acts to prevent these	
		Explains the infection control and health and safety procedures required for safe venepuncture	
		Describe the procedures for reporting errors and adverse incidents	
		Follows appropriate policies and procedures when disposing of equipment and hazardous substances	
		Give account of relevant health, safety and infection control policies	



4.0 Procedure <i>A minimum of 10 supervised practices are required to be signed off as competent by your Facilitator/Assessor</i> <i>An additional document is available to continue practises if needed (for example, different ages)</i>	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Procedure explained to include ACF / Hand / Dripping procedures (if appropriate) and consent obtained by patient/parent/carer											
Describes the indications for some frequently used blood tests											
Demonstrates the correct procedures for minimising infection, including hand washing, use of gloves, apron and aseptic technique											
Calculates the maximum amount of blood that should be taken from a child prior to procedure											
Identifies the appropriate blood container and reagent for the tests required											
Demonstrates the safe application of the principles of restrictive physical intervention and therapeutic holding in children and young people (RCN, 2010).											
Applies pressure or a tourniquet appropriately and safely.											
Cleaned skin with 0.5% chlorhexidine in 70% alcohol											
Skin punctured at appropriate angle											
Bloods taken in correct order											
Remove tourniquet											
Needle removed and discarded correctly											
Responds appropriately to troubleshoot or overcome any difficulties experienced during the procedure.											
Fills, labels and dispatches containers correctly, demonstrating knowledge of factors that can adversely influence the results.											
Sterile gauze or Elastoplast for venepuncture site											



Removes and disposes of devices and equipment in accordance with infection control and health and safety policies.										
Identifies reasons why capillary blood sampling and venepuncture may be unsuccessful and describes actions to address this.										
Communicates with the child and family during and after the procedure in a manner that minimises anxiety and encourages compliance.										
Documentation completed correctly										

Venepuncture Sign Off:

I agree to undertaking venepuncture to support my colleagues in the work place.

I confirm that:

- . I have completed a venepuncture workshop
- . I have completed the Trust venepuncture e-learning
- . I have read and understand the Hull & East Yorkshire NHS Venepuncture policy
- . I am able to manage any common complications related to venepuncture
- . I will complete a 3 yearly venepuncture update
- . I will be an excellent role model
- . I will adhere to wearing appropriate PPE
- . I will ensure that the relevant bedside checks are made and all samples will be labelled at the patient bedside

Practitioner Name (Print)	Practitioner (Signature)	Date
Facilitator Name (Print)	Facilitator (Signature)	Date



Annex A – Joint Paediatric Phlebotomy Pathway

HULL & ERY PAEDIATRIC PHLEBOTOMY PATHWAY & CRITERIA (July 2024)		
Primary Care	Secondary Care (HUTH)	Children's Community Nursing Service (CHCP)
Criteria	Criteria	Criteria
<p>Non Urgent - Results needed as per individual practice timescales.</p> <p>Depending on capacity and competence of clinicians within primary care setting.</p> <p>Prior to referral, please consider whether your Practice or Primary Care Network can perform this blood test.</p>	<p>URGENT - Results needed within 2 - 4 weeks. (Practitioner to discuss with referrer (Primary Care/CHCP) and/or Paediatric Registrar if appropriate).</p> <p>TIME SENSITIVE delivery to labs required (e.g. fasting bloods, ammonia, lactate).</p> <p>ALL Babies Age 0 - 3 months. Age 3 months - 15 years if results are required within 4 weeks.</p> <p>Age 16 - 17 ONLY if under specialist care. i.e. Paediatrician AND results are required within 4 weeks.</p> <p>Failed attempt by CCN Service (CHCP).</p>	<p>Non Urgent - Results needed within 5 - 8 weeks.</p> <p>Age 3 months to 18 years (18th birthday).</p> <p>Age 13 - 25 yrs (SEND). If not delivered in Primary Care</p>
1. Blood test needed		
2. Review all criteria and considerations based on clinical presentation, personalised needs and blood test requirements		
<p>3a. Emergency (red flags): CYP with Red Flag symptoms GP/Clinician must contact on-call Paediatric Medical Registrar to agree course of action. This referral form is not required.</p>	<p>3b. Blood test needed within 2 - 4 weeks Paediatric Outpatients Phlebotomy Clinic (HUTH)</p>	<p>3c. Blood test needed within 5 - 8 weeks: Community Paediatric Phlebotomy Clinic (CHCP) or CYP home/school if deemed appropriate by service triage.</p>
4. GP/Clinician requesting blood test to prescribe Emla Cream and Tagaderm and provide information to parent/carer and young person		
5. GP/Clinician to refer to HUTH or CHCP dependant on criteria, stating clinical requirement for phlebotomy and timescale required (Single Referral Form)		
6. HUTH / CHCP - Blood results to referring clinician/GP		
Considerations		
<p>*Red Flags = EMERGENCY</p> <p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> Suspect Cancer Enlarged Lymph Nodes Sepsis Meningitis Diabetes (as per HUTHT paediatric diabetes pathway) 	<p>** Personalised Care (Individual basis)</p> <ul style="list-style-type: none"> SEND Mental Health/Emotional Wellbeing LD /Neurodivergent Needle phobia Requires clinical hold Requires interpreter 	<p>*** Shared Care: Known to</p> <ul style="list-style-type: none"> Secondary care/consultant, CAMHS, Neurodiversity, Eating Disorder or Children's Community Nursing Service (CCNS)



Annex B - Common Paediatric Phlebotomy tests in Primary Care recommended Paediatric Blood Bottles as an alternative to standard vacutainer's.

Based on Hull University Teaching Hospitals NHS Trust Paediatric blood tests bible; updated May 2024.

Lab	Test	Paed Bottle	Minimal Volume Accepted	Comments
Bio	Amylase	Green (Lith Hep)	1.3 mls	Can add with GGT
Bio	B12	Green (Lith Hep)	1 ml	Can be combined with additional tests in Gold vacutainer
Bio	Bone Profile	Green (Lith Hep)	1.3ml	
Haem	Coagulation Screen	Blue – coagulation bottle	1.3mls	Must be filled beyond the line.
Imm	Coeliac Screen	Red (dry sterile)	1 ml	AKA Coeliac Autoantibody IgA, coeliac Autoantibody igG and TTG. Can go in gold vacutainer with other biochemistry bloods.
Bio	Cortisol	Green (Lith Hep)	1.3ml	
Bio	Creatinine Kinase (CK)	Green (Lith Hep)	1.3ml	Can go with U+Es, Bone Profile, LFT's, crp
Bio	C- reactive protein (CRP)	Green (Lith Hep)	0.5mls	Can go with U+E's Bone Profile, LFTs, CK
Imm	EBV Nuclear IgG/IgM	Gold vacutainer	2 mls	
Virology	EBV PCR	Purple	2 mls	
Bio	Ferritin	Green (Lith hep)	1 ml	
Haem	Film (blood film)	Purple	1.3ml	Can be added to FBC
Bio	Folate	Green (Lith Hep)	1.3mls	
Bio	Folic Acid	Green (Lith Hep)	1 ml	Can go with B12
Haem	Full Blood Count (fbc)	Purple (EDTA)	0.5 mls	
Bio	Gamma Glutamyl Transferase (GGT)	Green (Lith Hep)	1.3ml	
Vir	Glandular fever screen	Purple (EDTA)	1.3mls	AKA Monospot or Paul Burrell test. Can be put with FBC.
Bio	Haematinics (Ferritin, B12, folate)	Green (Lith Hep)	1.3mls	Can go in Gold vacutainer
Haem	Haemoglobinopathy screen	Purple (EDTA)	1.3mls	Can go with FBC,



Bio	HbA1C	Purple (EDTA)	1.3mls	
Vir	Hepatitis B Surface AB screen	Gold Vacutainer	2 mls	Can be added with other Hepatitis screening bloods.
Vir	Hepatitis B Surface AG screen	Gold Vacutainer	2 mls	
Vir	HIV 1&2 Ab and p24 Ag screen	Gold vacutainer	1 ml	Can also use Red (dry sterile) paed's bottle.
Imm	Immunoglobulin D (IgD)	Gold vacutainer	2 mls	
Imm	Immunoglobulin E (IgE and rast)	Green (Lith Hep)	1.3ml	
Imm	Immunoglobulin G (IgG) Subsets	Gold Vacutainer	2 mls	
Bio	Iron	Red sterile	1ml	
Bio	Liver Function Test (LFT)	Green (Lith Hep)	1ml	
Bio	Magnesium	Green (Lith Hep)	1.3mls	
Bio	RAST	Green (Lith Hep)	1.3mls	
Bio	Thyroid Stimulating Hormone (TSH)	Green (Lith Hep)	1.3mls	Includes Free T3 and Free T4
Bio	Urea and Electrolytes (U+E's)	Green (Lith Hep)	1.3mls	Can be combined with Bone profile, LFTs, CRP,
Bio	Vitamin B12	Green (Lith Hep)	0.5mls	Can be added to others in Gold vacutainer.