

PROCEDURE REVIEW COVER SHEET

Procedure Title: **Skin Puncture with Fingerstick or Heelstick Lancet**

Author: Betty Yalich Date: May 23, 2006
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SKIN PUNCTURE WITH FINGERSTICK OR HEELSTICK LANCET

PURPOSE

The fingerstick procedure is used when performing skin puncture on children and adults to obtain Point of Care (POC) test specimens or to obtain blood specimens from patients with inaccessible veins, or with thrombotic or clot forming tendencies. The Heelstick procedure is the preferred method of skin puncture for the collection of blood specimens from infants **up to 18 months of age**. **Note exception to this procedure in the Accu-chek Glucose Meter procedure (online POC Testing Manual), which allows first drop of blood to be used for glucose testing.**

SCOPE

This procedure is intended for use within the UCSF Medical Center Hospitals and Clinics.

PERSONNEL

Skin Puncture is performed when ordered by the patient's health care provider. Licensed individuals authorized by their scope of practice, or who have obtained state certification as a phlebotomy technician may perform skin puncture. Other qualified clinical staff who have completed training and demonstrated competency may also perform skin puncture.

- Certified Phlebotomists – Hospital and Ambulatory setting
- Medical Doctors – Hospital and Ambulatory setting
- Nurse Practitioners – Hospital and Ambulatory setting
- Physician Assistants – Hospital and Ambulatory setting
- Registered Nurses – Hospital and Ambulatory setting.
- Licensed Vocational Nurses – Ambulatory setting only

EQUIPMENT & REAGENTS:

- Fingerstick Lancet
- Heelstick Lancet
- Disposable Gloves
- Alcohol Wipes
- **Blood Collection Container (slides, tubes, or test strip, etc.)**
- **Sterile 2x2**
- **Warming Device (if needed)**

PROCEDURE

Finger stick and Heel stick devices are single use, disposable items. Standard Precautions are used in the procurement of specimens and disposal of used lancets.

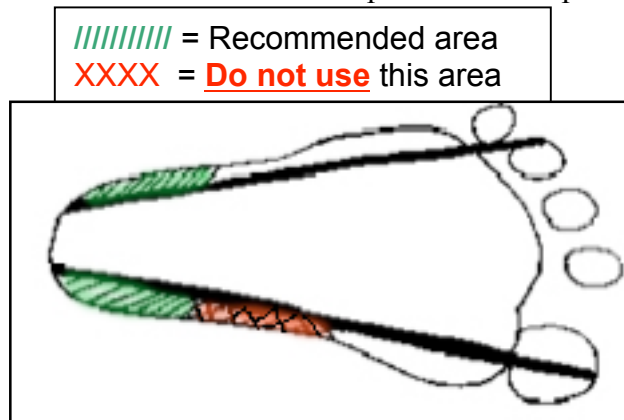
I. FINGERSTICK (Adult and Children):

- A. Select site- use the lateral aspect of fingertip.
 - i. Do not use center pad of finger, because it is the most sensitive.
 - ii. Middle and ring finger are preferred sites.

- B. Cleanse the puncture site with 70% alcohol wipe, and allow alcohol to air dry. Don gloves
- C. Twist protective tab from end of finger stick lancet, and position lancet on puncture site.
 - i. Warming device may be used prior to puncture if arterialized blood is required for testing.
- D. Press the button with thumb to activate lancet.
- E. Wipe away first drop of blood and gently massage from the hand toward the puncture site to obtain required blood volume.
 - i. Do not squeeze or apply strong repetitive pressure (milking) to the site; this may result in hemolysis or tissue-fluid contamination of the specimen.
- F. Proceed with Point of Care test, or blood collection.
 - i. When collecting samples for Laboratory testing, specimens should be taken as quickly as possible: slides first, EDTA specimens, other additive specimens, and serum last. Label Specimens
- G. Remove used lancet and dispose of in a sharps container.

II. HEELSTICK (Infant)

- A. Select site- use the most medial or lateral portions of the plantar surface of the heel.



- B. Cleanse the puncture site with 70% alcohol wipe, and allow alcohol to air dry. Don gloves
- C. Remove blue safety tab from top of heel stick lancet, and position lancet on puncture site.
 - i. Grasp heel firmly, but gently with the index finger wrapped around the foot, supporting the arch, and the thumb wrapped around the ankle, below the puncture site.
 - ii. Position puncture device at the most medial or lateral portions of plantar surface of the heel .
 - iii. Perform the puncture perpendicular to the lines of the footprint.
 - iv. Warming device may be used prior to puncture, to increase blood flow.
- D. Press the button with thumb to activate lancet.

- E. Wipe away first drop of blood and gently apply intermittent pressure to the surrounding tissue until the required blood volume is obtained
 - i. Do not squeeze or apply strong repetitive pressure (milking) to the site; this may result in hemolysis or tissue-fluid contamination of the specimen.
- F. Proceed with Point of Care test, or blood collection.
 - i. When collecting samples for Laboratory testing, specimens should be taken as quickly as possible: slides first, EDTA specimens, other additive specimens, and serum last. Label specimens.
- G. Following collection, press clean 2x2 gauze sponge on the puncture site until bleeding has stopped.
- H. Remove used lancet and dispose of in a sharps container.

PROCEDURE NOTES:

- Correctly identify patient, using two forms of ID, prior to skin puncture
- Never perform skin puncture against the patient's or guardian's consent. Inform physician and document appropriately.
- Warming the site can be accomplished by placing a warm moist towel (no higher than 42 °C) over the site for [five to seven](#) minutes.

PRECAUTIONS:

- Do not puncture deeper than 2.0 mm on an infant and 2.4mm on an adult or child.
- Do not puncture through previous puncture sites.
- Do not puncture the fingers of infants less than one year old

REFERENCES:

NCCLS "Procedures and Devised for the collection of Diagnostic Capillary Blood Specimens: Approved Standard – Fifth Edition," H4-A5; Volume 24 Number 21.

BD Genie Lancet "Instructions for Use." Becton Dickinson and Company 2002

[UCSF Medical Center, Department of Nursing Manuals, Procedures Neonatal-Pediatric, "Blood Capillary Sampling: Heel Stick/Finger Stick." 1/04.](#)