Phlebotomy Essentials with Navigate Premier Access 8th edition McCall Solutions Manual

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Critical Thinking Questions: Chapter 2

Quality Assurance and Legal Issues in Healthcare

1. Of the 17 specimens that a phlebotomist collected last week, 10 required redraws. What quality assurance implications does this have? What actions might be taken to remedy the situation?

Answer: Specimen collection is an area of phlebotomy subject to QA. 10 redraws per 17 specimens is an outcomes measurement. That many redraws would certainly exceed any reasonable redraw threshold and should trigger an evaluation. One of the first things to look at is the reason for the redraws. For example, were the specimens hemolyzed or where they short draws? If so, could it be due to a batch of tubes with a problem? Were the reasons all the same or different? Were the patients all difficult draws? Was the phlebotomist new or experienced? If the problem seems to be the phlebotomist, a review of the phlebotomist's technique may be undertaken to see if there is an issue that can be corrected.
NAACLS Entry Level Competencies: 8.1 and 8.2
Objectives: #2

2. A CBC specimen was rejected for testing by the hematology department. Thetube was filled to the proper level and labeled correctly. What might have been the reason for rejection?

Answer: The specimen may have been rejected because it was hemolyzed or it may have had microclots in it from a delay in mixing or incomplete mixing.

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Both issues are not apparent until the specimen is tested.

NAACLS Entry Level Competencies: 8.1

Objectives: #2

3. A glucose specimen was forgotten in a phlebotomist's tray. It was discovered3 hours after it was drawn. Should the specimen be submitted for testing or should it be recollected? Explain your answer.

Answer: The specimen should be rejected. CLSI guidelines set two hours as the maximum time limit for separating serum and plasma from the cells for the glucose tests. Studies have shown that glycolysis by erythrocytes and leukocytes in blood specimens can falsely lower glucose values from 5% to 7% per hour. Although glucose specimens collected in sodium fluoride tubes are supposed to be stable for 24 hours at room temperature, complete inhibition of glycolysis can take as long as four hours, during which time glucose levels can fall as much as 10 mg/dL.

NAACLS Entry Level Competencies: 8.1 and 8.2

Objectives: #2

4. A new phlebotomist has been criticized by her supervisor for not meeting the5 minutes/patient limit and has been told to increase speed or perhaps consider another type of work. The very next patient for a blood draw is hesitant to extend his arm for the venipuncture, but the phlebotomist proceeds to force the patient to cooperate and draws the blood quickly without any explanation. What are the legal and ethical issues associated with this situation?

Answer: A patient who is hesitant to extend their arm is an indication that

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permission to draw the blood specimen has not been given. Drawing a blood specimen without permission and forcing the patient to cooperate is unethical and could also be considered assault and battery which could result in both a criminal charge and a civil suit for damages.

NAACLS Entry Level Competencies: 9.8

Objectives: #3

5. As the phlebotomist is redirecting and probing in a patient's arm to get blood to flow into the tube, a better site in the adjacent vein is spotted. Thinking that the patient will not notice, the phlebotomist quickly withdraws the needle from the vein and moves it to another prominent vein only centimeters away, without changing needles or explaining the situation to the patient. Fortunately, the blood comes quickly, and the phlebotomist dismisses the patient, who is satisfied and unaware of what just happened. What are the safety issues and legal ramifications of what the phlebotomistdid?

Answer: Multiple redirections and digging for veins are safety issues because they can result in tissue and vein damage, bruising, and even nerve damage. These also violate CLSI standards for venipuncture procedures. Drawing from a new site with a used needle is also a safety issue as it can lead to infection. Both actions are also quality assurance (QA) concerns, as areas of phlebotomy subject to QA include specimen collection. If either one of these actions were to lead to the patient having an adverse reaction, a negligence lawsuit could be brought.

NAACLS Entry Level Competencies: 8.1, 8.2 and 9.8

Objectives: #2 and #3

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6. A phlebotomist goes to the ER to draw blood from an unconscious, badly injured accident victim. The anxious RN tells the phlebotomist to draw a "rainbow" and a blood alcohol level and adds that she will send the doctor's orders to the lab as soon as she gets them. The injured man does not yet have an ID band on his wrist because the phlebotomist was right there when he arrived. How should the phlebotomist identify the patient in order to meet NPSGs? Should the phlebotomist collect one of every color of the tubes on her tray (the "rainbow"), or should the phlebotomist wait for the doctor's orders?

Answer: One of The Joint Commission's National Patient Safety Goals (NPSGs) is to identify patients correctly. If there is no relative or friend to identify the patient the phlebotomist should attach a special ID band with a unique number that will be placed on the labels of all blood tubes collected. If that facility sanctions drawing one of each color of the most common tubes (hence the term *rainbow*) in stat situations the phlebotomist should go ahead and draw the rainbow in case other tests are ordered.
NAACLS Entry Level Competencies: 4.1
Objectives:#1, #2, and #3

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