Pennine Care NHS
NHS Foundation Trust

Policy Document Control Page

Title

Title: Jugular Venepuncture Policy

Version: 4

Reference Number: CL56

Supersedes

Supersedes: Version 3

Description of Amendment(s): Review date

Originator

Originated By: Marie White

Designation: Lead Nurse Rochdale Pathways Drug and Alcohol Service

Equality Impact Assessment (EIA) Process

Equality Relevance Assessment Undertaken by: Catherine Forman

ERA undertaken on: 23.04.10

ERA approved by EIA Work group on: 23.04.10

Where policy deemed relevant to equality-

EIA undertaken by: Catherine Forman

EIA undertaken on: 23.04.10

EIA approved by EIA work group on: 27.07.10

Approval and Ratification

Referred for approval by: Marie White

Date of Referral: 13/01/2015

Approved by: Merissa Washington and Drug and Alcohol Leads

Approval Date: 14/01/2015

Date Ratified by Executive Directors: 16th March 2015

Executive Director Lead: Medical Director

Circulation

Issue Date: 20th march 2015

Circulated by: Performance and Information

Issued to: An e-copy of this policy is sent to all wards and departments

Policy to be uploaded to the Trust's External Website? Yes

Review

Review Date: January 2017

Responsibility of: Marie White

Designation: Lead Nurse Rochdale Pathways Drug and Alcohol Service

This policy is to be disseminated to all relevant staff.

This policy must be posted on the Intranet.

Date Posted: 20th March 2015

TABLE OF CONTENTS

Introduction

Phlebotomy is a standard technique needed to assess patients with many conditions. Within substance misuse services the conditions would include blood borne virus testing and liver function testing for naltrexone for client's intent on abstinence from opiates. As a population injecting drug users are at risk of contracting Hepatitis B and C and HIV. There is a considerable drive nationally to improve awareness regarding Hepatitis C and the public health consequence of not addressing this disease are significant. Injecting drug users often have poor venous access. External jugular vein venepuncture is a method more likely to be successful and is used only if the patient has no other venous access. It avoids staff failing to access poorly identified veins and the possibility of an error accessing an artery.

Aims/Objectives

To withdraw blood from patients with poor venous access.

To reduce the harm potentially caused by patients attempting to take their own blood.

To reduce the harm caused by staff trying to access poorly identified veins.

Related Policies

The Policy and Guidelines for Procedure for venepuncture CL27 should be followed with the addition that assessment of the patient's will have been made and as no other venous access can be identified, then the external jugular veins are to be used.
The Infection Prevention & Control Policy CL4, Hand Hygiene Policy CL69, Specimens Policy, Personal Protective Equipment CL76, Sharps Management and Inoculation Injury Policy CL77 and Waste Management Policy CO45 also need to be followed.

Scope and Responsibilities

Only designated medical and nursing staff already competent in venepuncture and following successful completion of the training programme run by North Manchester General Hospital (NMGH) Hepatitis Clinic.

Training

Including:

- anatomy of the neck

- complications of technique
- identification of veins
- Observation and performance of venepuncture on external jugular veins.

Equipment

- v-green 21or 23 gauge winged infusion needle
- sharps container
- multi-adaptor
- blood bottles
- hand gel
- gloves
- plastic apron
- couch with adjustable head rest

Procedure

- Venepuncture should take place only in a designated room with correct equipment.

- The designated room should not be used for any other clinical procedures such as wound care therefore reducing the risk of infection.

- Fully inform the patient of the procedure, part of the assessment would include questioning about whether the client has injected into their neck veins and how recently. Any signs of trauma would require the procedure to be halted and arrangements made for treatment of any injury.
  Consideration should be made for the use of dried blood spot testing only and referral to NMGH.

- Inform the client that the neck is an area that should not be injected into.

- The head rest of couch is raised to 45 degrees.

- The patient's legs must be raised and rested on head rest, their sacral/lumber region at the base of the head rest, leaving head and torso flat to the couch.

- The patient's head must rest neutrally without flexion or extension, as this will obscure the veins.

- Wash hands, put on personal protective clothing.

- Locate vein.
- The patient may need to hold their breath to further expose the veins.
- Apply appropriate pressure via manual traction to immobilise the identified vein.
- Smoothly insert the needle at a 30 degree angle with sample bottle attached.
- On withdrawal of the needle the health care professional or client must apply firm pressure using a sterile pad to the site for between 5-10 minutes.
- Once the procedure is complete observe the puncture site and if a little bleeding continues apply a simple sterile dressing
- Following the procedure the patient must be advised that they could experience vertigo like symptoms including dizziness or loss of balance
- Assist the patient to slowly come to a seated position.
- Encourage them to remain seated and observe them for any vertigo like signs or symptoms.
- Remove personal protective clothing and wash hands.
- As with all venepuncture there is the potential for the patient to have a Vaso-vagal attack.
- Should this occur assist the patient into a lying position and slightly elevate their legs to assist venous return until the episode passes.
- The client should be observed for a 10 minute period and if there are any concerns then procedures in place locally for summoning emergency assistance should be used.
- In an emergency call for assistance, dial 999 for an ambulance applying pressure to the puncture site, lay the client down. Fill in an incident form and inform your local governance manager at the earliest opportunity following the emergency situation.

Monitoring and Audit

Any member of staff caring out neck vein venepuncture must keep an audit trail of the number of patients needing neck vein venepuncture and any complications, this audit must be reported annually to the clinical procedures committee.

Review

The policy will be reviewed in 3 years through Trust consultation

References

1. Public Health England 2014.Hepatitis C in the UK:2014 report PHE

2. Greater Manchester Hepatitis C Strategy (2010).Greater Manchester Hepatitis C Strategy Next Steps 2010-2013(Internet).Available from <http://www.greatermanchesterhepc.com/news

3. Health Protection Agency (2013) Shooting Up: Infections among people who inject drugs in the UK 2013.

Appendix 1

TRAINING PROGRAMME FOR PHLEBOTOMY ON PATIENTS WITH DIFFICULT VENOUS ACCESS

Introduction

Phlebotomy is a standard technique needed to assess patients with many conditions including hepatitis and blood borne infections. People at risk of these viruses include intravenous drug users who are a population who usually have very poor venous access, precluding many of them of having the relevant tests for their assessments for these infections. There are obviously other people that might need blood taking who will have very poor access.

There are many official courses to learn phlebotomy around the country. This complimentary session training is not part of any course and they are not intended as a phlebotomy course as such, but as a compliment to people who have obtained and are competent with the standard phlebotomy. The course completion will mean that the person attending the course has been trained to standards, who the trainer (Dr Vilar) and his assistant (Specialist Nurse: Sue Russell) feel are sufficient for them to perform specialist phlebotomy on a certain group of patients.

Obviously clearance to do this should be obtained from the trainees management to ensure that they are happy for them to proceed prior to embarking on applying the technique to the practices.

Objectives

To be able to ensure that blood can be obtained in the majority of cases, safely from patients.

Modules

The modules to the training will be four. The first three modules will be done in an interactive manner, whilst the fourth will be done by clinic attendance where these techniques are commonly performed, either at North Manchester General Hospital clinics in Infectious Diseases Department, or at Manchester Drugs Services (Dr Vilar's hepatitis clinic).

Module 1

<u>Anatomy of the neck</u>.
The objective of this module is to facilitate the anatomy of this area, which is one of the most useful areas to obtain blood from. This is generally very safe, but it is important being aware of certain structures.

Module 2

Complications of the technique.
In this module, we will discuss what possible complications can be caused by phlebotomy on certain parts of the anatomy (concentrated particularly in the neck area). The trainee will be told when to seek help or abandon the technique to use perhaps other forms of testing (if applicable).

Module 3

Identification of veins.
This module will involve identifying veins in healthy volunteers in areas other than the usual phlebotomy areas. This will concentrate mostly on the neck area for the reasons explained above.

Module 4

Observation and performance of phlebotomy.
The trainee will witness enough numbers of clients having their bloods taken using the techniques learned until they are clearly confident that they will be able to perform the technique themselves. Once trainer and trainee agree that this is the case, they will start performing the phlebotomy themselves, under the supervision of the trainer. Once the trainer is satisfied that they must do the technique well enough, and they understand any possible complications, the training would be considered completed.

May 2004