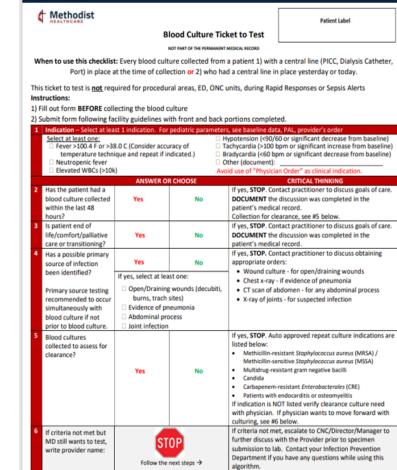
## **Blood Culture Ticket to Test**

## **Form**



PRINT RN Leader: Signature: 3/4 ID: Date: Time:

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**FOR:** This form is to be utilized for every patients with a central line at the time of collection or who had one in place yesterday.

NOT FOR: Procedural areas, ED ONC UNITS, Rapid Responses or Sepsis Alerts

# FORM TO BE COMPLETED BY RN PRIOR TO SPECIMEN COLLECTION

WHY: Primary source testing can help identify other sources of infection and "Rule Out" potential sources of CLABSI's when performing surveillance.

If any answer choice is circled YES, criteria have NOT been met = Ticket to Test Endorsement is NOT MET.

COACHING CHECKLIST: Utilize the "Blood Culture Collection Coach Checklist" for collection instructions.

NURSE AND PHLEBOTOMIST are to sign the specimen collection attestation at the time the specimen is collected.

Nurse Leader (CN, NM, ND, or House Supervisor) validation and sign off required.

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#### BLOOD CULTURE COLLECTION COACH CHECKLIST

#### Coach (Nurse): Prior to Lab arrival, and during collection:

- Ticket to test MUST be filled out before blood culture collection is performed.
- If patient's collection site is visibly soiled, use bath wipes to cleanse the blood culture collection site prior to blood culture collection.
- Monitor and verify that all steps listed below are performed in order. Provide coaching or assistance if steps are not followed.

| lection Coach (RN) : | Signature: | 3/4 ID: | Date: | Time: |
|----------------------|------------|---------|-------|-------|
| nection coach (KN).  | signature  | 3/410   | bate. |       |

## Collector (Phlebotomy/Nurse):

- Follow all instructions as listed below
- Gather supplies (Aerobic and Anaerobic or pediatric bottles, 2!g/23g or butterfly needle, 20cc syringe or blood culture vacutainer hub, antiseptic product (below) gauze, alcohol pads and bandage)

|   | Antiseptic product based on availability |  |   |  |  |  |
|---|--|--|---|--|--|--|
|   | Product                                  | Scrub Time                                     | Dry Time  |  |  |  |
| 1 | Prevantics swab (purple)                 | 15 seconds                                     | 30 seconds  |  |  |  |
| 2 | Prevantics swab (green)                  | 30 seconds                                     | 30 seconds  |  |  |  |
| 3 | Chloraprep                               | 30 seconds                                     | 30 seconds  |  |  |  |
| 4 | Betadine                                 | Clean center to outer in<br>concentric circles | 2 minutes then wipe with alcohol<br>swab to remove iodine |  |  |  |
| 5 | Alcohol swab                             | 15 seconds                                     | 15 seconds  |  |  |  |

- Wash/sanitize hands immediately prior to procedure and don gloves
- Perform patient identification prior to the start of the procedure and compare patient requisition to patient armband using two patient identifiers (patient band, verbal name/DOB)
- Prepare blood culture bottles; remove the plastic cap, and scrub the rubber bottle puncture site, and allow the site to dry. Optional: Place a new alcohol pad on the scrubbed site to keep the top clean.
- ☐ Select venipuncture site
- Cleanse the venipuncture site with available antiseptic product and allow to air dry according to manufacturer instructions
- instructions

  Once site is cleansed do not palpate area, if you must touch the site after cleansing procedure must be re-started
- Draw required amount of blood into the blood culture bottles using a blood collection adapter/ or syringe/needle, and inject blood from syringe into bottle
- Attach aerobic bottle first with 8-10 mL of blood. Once filled, remove bottle gently and invert 8-10 times. Repeat with anaerobic or fungal bottle.
- Discontinue the venipuncture site appropriately and bandage as necessary
- Discard needle in a rigid biohazard sharps container

#### Labeling:

- If you are drawing several sets at one time you must print each Mobilab label at a different time to avoid confusion of which set was first, second, etc.
- Place your Mobilab label vertically on the bottle so that it does not obscure bottle bar codes, needed for instrument loading.

#### Volume:

- Adult Aerobic and Anaerobic bottles require 8-10ml of blood per bottle
- Pediatric bottles should not be used on an adult patient, unless absolutely necessary
- . If only 8-10ml are drawn, the entire amount should be injected into the Aerobic bottle
- 2. Pediatric bottles require 1-4ml of blood
- Infants having a high hematocrit level allow effective yields therefore, 1ml is acceptable
- Toddlers into young teenagers need the full 4ml to be effective

| ▼, | Collector: | Signature: | 3/4 | ID: | Date: | т | ime: |  |
|----|------------|------------|-----|-----|-------|---|------|--|
|----|------------|------------|-----|-----|-------|---|------|--|

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