

## The Creative Phlebotomist

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## Case 1: Customer Service

The Angry Customer

### Assignment: answering phone in specimen processing area

- Your first call of the day is from the emergency treatment center in your facility. The pathology department does not provide phlebotomy service to the ETC, but there is a direct tube linking the ETC and the laboratory.
- A physician is asking why the stat CBC sent up 10 minutes ago has been cancelled

### Phone Scripting:

- How do you want your phones answered?
- Consider scripting
- Include
  - Your name
  - Area you are answering for
  - "How may I help you"

### Scripting for Questions You Can't Answer:

- I am sorry, I don't know the answer to that right now.
- I will find the answer and call you back by \_\_\_\_.
- Here is my name and telephone number. Please call if you do not hear from me by \_\_\_\_.

### ETC Call Continued:

- When you check the laboratory computer, you see the specimen was clotted and that 3 other clotted CBC samples were also sent up that morning on the same patient.
- The physician starts yelling at you and demands that you march back to hematology and read him/her the results whether the sample is clotted or not.

### Script to Use with Angry Customer:

- Use the "broken record" technique.
- Repeat, Yes, I understand you are upset.
- Keep repeating, let them run down.
- Show empathy by saying "I understand that you are upset with....."

### How would you handle this situation?

- Take 2 minutes to come up with ideas.
- Group discussion

## Case 2: Patient Safety

Site Selection

### Assignment: morning inpatient phlebotomy rounds

- You enter the patient's room, identify the patient and ask him if he has a preferred phlebotomy site.
- The patient tells you he is diabetic and his arms and fingers are sore from of having his blood drawn so often. He then shows you the bruises on both arms and asks you to draw from his foot because "it doesn't hurt".

How do you handle this situation?

- Group discussion

## Case 3: Patient Safety

A Case of Mistaken Identity

### Patient Identification:

- At the end of a very busy day an elderly couple comes into the outpatient phlebotomy area.
- The husband hands you a requisition and you ask them to sit in the waiting room while you enter the order into the computer system.
- Once the labels have been printed, you go to the waiting room door and call "Pat Smith".

### Patient Identification Continued:

- The husband comes into the phlebotomy station and sits in the drawing chair.
- You draw his blood uneventfully, label the tubes, and send them back to the main waiting room.
- As you are getting ready to leave for the day, an irate nurse comes back to ask why you drew the wrong patient.

### Patient Identification Continued:

- The nurse shows you the requisition which says "Patricia Smith", DOB March 20, 1928.
- She also tells you that the husband says he had his blood drawn and showed the nurse the bandage on his arm.

### What mistakes did the phlebotomist make in this situation?

- Group discussion
  
- What are some of the challenges we face when drawing geriatric populations?

### Case 4: Hematoma Formation

- Mr. Billy Rubin, an overweight 53 year old man comes into the outpatient phlebotomy station with an order for a PT. Mr. Rubin tells you he had a heart attack 3 months ago and is on anticoagulant therapy. The phlebotomist has difficulty finding a vein in either arm and ends up drawing the basilic vein in the left arm.

### Case 4: Hematoma Formation

- The phlebotomist draws the blood and asks the patient to put pressure on the gauze while she labels the tube. She checked for bleeding and sent the patient home.
- Later that day the patient called to say he had a "huge" bruise and the fingers in his left hand were tingling.

### What caused this patient's symptoms?

- What should the phlebotomist have done differently?

### Causes of hematoma formation:

- Vein is fragile or too small for the size of needle or amount of pressure
- Needle penetrates all the way through the vein
- Needle is only partially inserted into the vein
- Excessive blind "probing" with the needle
- Needle removed while tourniquet is still on
- Pressure is not applied adequately after venipuncture

## Case 5: Contamination

- A technologist working in chemistry notices the following results on a patient:
  - Calcium = 2.5 mg/dL ↓
  - Potassium = 6.4 meq/L ↑
  - Other tests ordered were a CBC and PT
  - This patient had a normal calcium and potassium 48 hours ago
  - The sample was not hemolyzed

Are there any pre-analytical variables which could have caused this discrepancy?

- How does order of draw affect these tests?
  - EDTA binds calcium and iron, it should not be drawn before a chemistry tube
  - Contamination of the chemistry tube with EDTA would falsely decrease the calcium and elevate the sodium or potassium results

## Questions?

