What are the three most common phlebotomy errors?

Our objective was to determine the compliance rate of the different steps of the phlebotomy procedure and propose corrective actions.”


Abstract:

INTRODUCTION: Phlebotomy is taking a venous blood sample for a medical biology analysis. If the taking of a sample is poorly executed, the results for this sample may be inaccurate and mislead the clinician, or the inconvenience of the patient having to undergo a new levy. The three main problems associated with errors in the collection are: hemolysis, contamination and mislabelling. We conduct clinical audit to evaluate compliance of activities in relation to the recommendations. Our objective was to determine the compliance rate of the different steps of the phlebotomy procedure and propose corrective actions.

METHODS: it is an observational study which follows a forward-looking approach based on direct observation of blood collection procedures in 2015.

RESULTS: 330 acts of phlebotomy were audited in 11 services. The overall compliance rate phlebotomy was 57.7%. The overall compliance rate “patient prescribing and preparation” was 94.4%; “equipment preparation” was 85.3%. There was a lack of tourniquets, holders and hydro-alcoholic solutions. The overall compliance rate “collection procedure” was 45.1%, the overall compliance rate for hand hygiene is low (28%), wearing gloves (20%) and the use of antiseptics (44.4%). The overall compliance rate “sample identification” was 61.3%
(tube labeling (45.7%) and compliance of the laboratory worksheet (76.9%). The overall compliance rate “Transport” was 49.4%. There was a lack of bag or holders for transport.

CONCLUSION: The results obtained allowed to propose an improvement plan to improve this practice. In fact, the ultimate purpose of medical practice assessment is to improve the quality of care.

You may also be interested in...

Effects of serial phlebotomy on vascular endothelial function
Reducing phlebotomy orders with education and changes to IT requests
Medication errors involving the intravenous administration route

Reference: