Old Method

Current (19th century) technique

1. Put on non-sterile gloves
2. Put a tight tourniquet on – anywhere above the site
3. smack, slap, flick or tap to 'raise a vein'
4. straighten the arm to bring vessels closer to the surface
5. prep just the site (size of a quarter)
6. touch the site just one more time, right before you stick, to verify vein.
7. anchor the vein and stretch the skin
8. with dart-like action, stick at a15-30° angle of entry
9. Draw the blood, start the IV, Inject contrast, etc., etc., etc.
10. yank on the end of the tourniquet to release it, pull it away, put it away
11. in blood draw - remove the needle and have the patient hold the cotton ball or gauze pad, or bend the arm or put their arm above their head – to slow the bleeding
12. apply one end of the band aid and then yank on or stretch the other end to tighten it, and then smooth it out once it is on (80% of the time contaminating the sterile pad with their gloves before applying the band aid)
13. for blood collection – shake the tube to mix the chemical with the blood.
14. In IV/IC – appropriately secure the site, period.
15. No further instructions.

New – **21cVA** - Method

To understand the WHY of these instructions – learn ***The Science Behind the Skill***.
This is a SURGICAL procedure.

21st century technique

1. Place the patients arm on the venipuncture table.
2. There must be a natural bend in the arm to allow maximum vein lumen diameter.
3. Place the tools on the non-dominant side of the patient's arm – count/check the tools to assure preparedness.
4. Check the seal on the needle, if intact, twist to break the seal, pull the cap off, load the needle into the adapter [if this is an IV, check the seal on the needle, twist to break the seal, pull the first cap off and lay the needle down, on the non-dominant side of the patient's arm.
5. No tourniquet, and if used it is applied snug, not tight; preferably use the pressure limiting veniCuff – MUAC level.
6. Apply the support (non-dominant) hand glove.
7. Pick up the 70% IPA wipe to prep the 'surgical' site (the entire antecubital region for antecubital accesses) site and leave the site WET.
8. Palpate – to locate, to dilate, to grade the vein. Grade the vein for firmness (wall thickness), size, direction, and depth. Verify that the needle selected is the right size needle for this vein.
9. Landmark the exact site and direction of the vein.
10. [If your institution requires a specific site prepping agent (other than 70% IPA), prep the site with that agent now.]
11. Put the dominant hand glove on.
12. Pick up the needle system with your dominant hand, and position the needle bevel up with your support hand (from the backend of the syringe/adapter – not from the needle end of the adapter /syringe).
13. Do NOT re-touch the prepped (sterile) site with the non-sterile (not-sterile) glove.
14. support the peripheral tissue with your non-dominant thumb – 1 inch down and 1 inch over from where you intend to insert the needle. Do not anchor the vein. Do NOT stretch the skin. Do NOT pull the tissue – this will 'displace the vein' (phlebectopia).
15. set the needle to the skin and then gently enter, till you feel the 'give', the 'frictionless give' – then STOP immediately.
16. *Draw the blood while remaining at a 45° angle – bevel facing blood.*
    - When done filling tube(s) - gently release the tourniquet and immediately drop the tourniquet, do not attempt to 'put it away'.
    - Then remove the needle and immediately apply pressure to the site
    - and then have the patient apply pressure to the site for 3 full minutes (5-10 if on thinners)
    - dispose of the needle into a sharps container.
    - gently invert the tube (in a slow roll manner - to prevent hemolysis) the appropriate number of times per the color of the tube, while the patient is applying pressure to the site (for 3 full minutes).
    - gently apply the band aid while supporting the clot, and do not touch the sterile gauze pad of the band aid
17. *For IVs/ICs* – drop the angle of the needle to 15°, advance the outer sleeve/plastic cannula that is to remain in the vein, then remove the metal insert. Dispose of needle in Sharps. Secure site appropriately.
18. *For IVs/ICs* – read the continued instructions to avoid infiltration with infusion.