15th phlebotomy edition holds 'latest, greatest'

Amy Carpenter Aquino

July 2017—After overseeing 10 editions of *So You're Going to Collect a Blood Specimen: An Introduction to Phlebotomy*, Frederick L. Kiechle, MD, PhD, can authoritatively say that the 15th edition is the best. Released in March, this edition provides new information on ultrasound-guided peripheral intravenous cannulation, comprehensive instructions on proper hand hygiene, and a deeper dive into quality assurance.

"One of the big selling points of this book is that it's always been meant to be a guide to define the standard of practice in phlebotomy," Dr. Kiechle says. "There are numerous resources available, but this is the one that we update every two or three years to keep track of new rules and regulations."

Dr. Kiechle, former medical director of clinical pathology, Memorial Healthcare, Hollywood, Fla., and now a consultant in clinical pathology, Cooper City, Fla., edited the book with Dorothy M. Adcock, MD, Samuel I. McCash, MD, and Deborah Sesok-Pizzini, MD, MBA.



Dr. Kiechle

The book, published by CAP Press, is written for "anybody who is attempting to draw a blood specimen," Dr. Kiechle says. "This is a great book for large institutions to use as an educational tool for all the phlebotomy team members, no matter what service they might be working for."

The consolidation of hospitals into large health care systems makes it imperative to have uniform standards in phlebotomy, which are needed to maintain a quality management system in the laboratory. In the appendix on quality assurance, the editors point out that the laboratory's quality management system must cover the sample collection process.

"This is critically important," says Dr. Adcock, medical director of Colorado Coagulation, Englewood, Colo., a member of the LabCorp Specialty Testing Group. "In the manual, we point out the fact that laboratory results are crucial in determining patient diagnosis, and ultimately in taking care of and treating the patient, and the accuracy of laboratory results begins with the proper sample collection."

This edition spends more time describing the scientific basis for the various specific instructions in the book, she says, and the potential implications for the patient if procedures are not followed. "It's important for the new phlebotomists to understand why things are done the way they are."

As hospitals consolidate and systems become larger, with greater numbers of nurses and other non-laboratory personnel drawing blood, "it becomes an issue about training," Dr. Kiechle says, "when to train, how long to train, and who should do the training. As time goes on, you have to go back and make sure the individual who's been doing this for 20 years still remembers how to do it correctly."

Other updates to the latest edition include improvements in the presentation and readability of the text, Dr. Adcock says. For example, shaded boxes call more attention to information on safety alerts, errors, and special precautions.



Dr. Adcock

Dr. Adcock has worked on the book since 2003 and said the editors strive to keep the material current with changing laboratory practices. "The laboratory is evolving and that includes phlebotomy," she says. "It's evolving to become more quality-assurance-centric, more focused on patient safety, and with greater focus on becoming part of the whole health care system."

The new information on ultrasound-guided peripheral intravenous cannulation provides guidance to phlebotomists working with patients with difficult intravenous access. "There are increasing numbers of these patients, drug abusers who have used up all their peripheral easy-to-get-to veins, and burn patients, and other patients who have specific difficulties," Dr. Kiechle says. In these situations, whoever is drawing the blood must evaluate the patient to determine whether to call the ultrasound-guided service.

The editors consolidated the hand hygiene guidelines—dispersed throughout different sections in previous editions—into one section on sterility near the front of the book. The section contains illustrations of how to use an alcohol-based handrub and step-by-step instructions for performing a three-minute hand scrub with soap and water.

Relevance to routine practice determines whether new information makes the cut in new editions of the manual, first published in 1974. When he started reading about ultrasound-guided peripheral intravenous cannulation, for example, Dr. Kiechle thought, "Wow, this is something we need to tell the world about."

"We really try to be up-to-date, even if it means losing a little money," he says, referring to an earlier edition that became obsolete after the Occupational Safety and Health Administration issued new rules about blood collection device disposal. "That was six months after we published the books, so we had to throw those books out."

Reception to the manual has been positive over the years, though in more of a "no news is good news" way. "Like everything in life, if they love the book we almost never hear from them," Dr. Kiechle says. "I like to say that if they love the book, they buy the book. And the book does sell well."

Dr. Adcock has a subtle method of making sure the book reaches the right audience. "I do pay attention when I get my own phlebotomy, and I have the book handy," she says. "I try to leave it behind when I think they could use a bit of help."

Any pathologist who purchases the book for a phlebotomy team can be confident the team members are following current guidelines from the Clinical and Laboratory Standards Institute, OSHA, the Centers for Disease Control and Prevention, the Joint Commission, and the CAP.

"When you're trying to train your students or even review things with people who have been doing it a long time, you're going to have the latest and greatest information at your fingertips," Dr. Kiechle says.

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