Chapter 5 Laboratory Policies

LABORATORY

PURPOSE: To provide required laboratory studies and to provide for expanded studies as needed.

POLICY: Staff providing any laboratory services will go through competencies on all equipment and proper technique to perform all tests. The clinic will offer the following services on-site.

ON-SITE LAB SERVICES

Adult/Pediatrics: The following are primary Laboratory Services offered by Clinton Regional Hospital Clinic but not limited to:

1. Urinalysis- dipstick. Urine exam by stick including ketones

3. Blood glucose

4. Exam of stool for occult blood

5. Pregnancy testing

Off-Site Lab Tests: Any additional laboratory tests are available at Clinton Regional Hospital Lab.

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CERVICAL SMEAR

ACOG Recommendations

American College of Obstetricians and Gynecologists (ACOG) cervical cancer screening recommendations are as follows:

First Screen:

About 2 years after first sexual intercourse or by age 21, whichever comes first.

Women Up To Age 21-29:

Cervical cytology testing every 3 years.

Women Age 30 To 65:

Women aged 30-65 should have a Pap test and an HPV test (co-testing) every 5 years (preferred). It is acceptable to have a Pap test alone every 3 years.

Further Requirements:

- Women should stop having cervical cancer screening after age 65 years if they do not have a history of moderate or severe dysplasia or cancer and they have had either three negative Pap test results in a row or two negative co-test results in a row within the past 10 years, with the most recent test performed within the past 5 years.

- Women who have a history of cervical cancer, are infected with human immunodeficiency virus (HIV), have a weakened immune system, or who were exposed to diethylstilbestrol (DES) before birth should not follow these routine guidelines.

- Guidelines Updated September 2013

Contraindications:

Patient refuses a cervical smear.

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CERVICAL SMEAR PROCEDURE:

1. Obtain Thin Prep pap smear, plastic spatula, and endocervical brush.

2. Position patient in the dorsolithotomy position.

3. Wash hands and apply gloves.

4. Insert speculum into vagina. Place contoured end of spatula on exocervix and rotate 45 to 90 degrees. Insert endocervical brush into cervical os until only bottom-most bristles are exposed. Slowly rotate 1/4 to1/2 a turn in one direction. If patient has had a hysterectomy, use only the plastic spatula and gently scrape the vaginal cuff to obtain specimen.

5. Place spatula and endocervical brush into the Thin Prep pap smear container and vigorously swirl them 10 times.

6. Place patient sticker, initials, date, and time on the container and place in bio-hazard bag. Fill out Cytology slip and prepare for transport to lab.

CHARTING

1. Record in patient's chart that pap was done and specimen sent to lab.

2. Results of Thin Prep pap smears should be given to the Physician or Mid-level Practitioner for follow-up

and patients contacted in a timely manner.

3. If pap was not done, note reason for this in the medical record.

4. Enter lab results into the patient chart.

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PAP TEST NOTIFICATION PROCEDURE

PURPOSE: To insure patient notification of both normal and abnormal Babe§-Papanicolaou Testing (Pap Test) results.

ABNORMAL RESULTS

The following procedures will be followed in notifying the patient of the results of an abnormal Pap Test:

1. Abnormal pap test results received at the clinic should first be reviewed by the Provider who, after consideration, will discuss patient notification with the nurse. The decision of who will then notify the patient will be made on a case-by-case basis.

2. If the patient cannot be reached by phone or in person, then a letter should be sent to the patient's home requesting that she contact the office. Results of the test shall not be given in the letter.

3. A copy of the letter, documenting the date the letter was mailed, should be entered into the patient record.

NORMAL RESULTS

1. If the Provider has determined the test was normal, the nurse may give the results to the patient either by phone or in person.

2. All communications sent will be placed in the medical record (copy of letter or documentation of the phone call made).

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BLOOD COLLECTION PROCEDURE

Laboratory procedures are to be followed exactly, and if any problems are encountered the Supervising Physician or Medical Director is to be notified immediately. If you have questions or require additional information, check with the Laboratory Supervisor at Clinton Regional Hospital, Supervising Physician, or your Medical Director.

COLLECTION EQUIPMENT

Laboratory testing equipment requires specific collection tubes. The Laboratory changes equipment as new technology becomes available; therefore, all blood samples should be collected in the correct tube using the most up-to-date requirements from the participating Laboratory who receives the samples for testing.

Laboratory testing supplies are inspected monthly for expiration and quality control. Monthly inspections logged onto monthly log sheet.

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GENERAL PROCEDURES

The following are general testing guidelines. Any directions that accompany the testing equipment should be followed, and it should be noted that the identifications by color of top may vary—always identify the equipment by Laboratory instructions if there are variances from these general guidelines.

1. VACUTA1NER TUBES: The first step in collecting a blood sample is to determine the appropriate collection vacutainer tube for the test ordered. Each tube contains different anticoagulants. It is imperative that the correct anticoagulant be used, as one anticoagulant may be suitable for one test or group of tests but not for others.

2. MIXING: Blood collected with anticoagulants must be properly mixed to prevent clotting. DO NOT SHAKE THE TUBE. Mix by inverting the tube ten to twelve times so that the anticoagulant is mixed thoroughly or a partial clot may form which will interfere with the test result.

STERILITY

All new needles and vacutainer are sterile. When the protective cover is removed from the new needle, the needle must not touch anything until it punctures the skin. If it should touch anything, discard it in the biohazard sharps container and use a new needle.

Alcohol pads are used to disinfect the site of puncture. Alcohol itself may destroy some of the bacteria present but it is the rubbing that is important. Rubbing with the pad removes many skin organisms.

If you did not enter a vein at one puncture site, replace the needle with a new one before attempting a second puncture. The first needle may have become contaminated and should not be used again.

PROCEDURE:

1. Identify the patient by his/her name and date of birth (Ask the patient directly for his/her name and date of birth, i.e., do not ask, "Are you Mrs. Jones?).

2. Explain the procedure.

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3. Position the patient so the vein you will use is readily accessible and so you are able to work in a comfortable position. (Never attempt a venipuncture on a standing patient. Patients can faint after a venipuncture and a standing patient might collapse).

4. Place the equipment where it is readily available but as not in danger of being upset by the patient.

5. Identify the optimal venipuncture site. (Arm veins are the best source, however it may be necessary to use hand or foot veins in certain circumstances.) Inspect the area you plan to use. Apply the tourniquet about midway between the elbow and shoulder and have the patient clench and unclench his hand. Always palpate for the vein, even when the vein is seen. If you are not certain that you have found a veinexamine the other arm. Sometimes veins in one arm are small, while those in the other arm are large. (Do not attempt to utilize "thrombosed" veins-they are usually firm, discolored, and tender to touch).

6. Don gloves.

7. Scrub the area for venipuncture with an alcohol pad.

8. The needle should be introduced bevel up. The vein should be held taught during the procedure. The

needle should be in line with the vein and at about a 15 degree angle with the skin.

9. As the blood flows into the tubes, watch the flow until collection is completed. If blood fails to enter the tubes, the needle may have not been introduced far enough. Advance it a little more. The needle may have gone to one side of the vein; if so, partially withdraw the needle and attempt another puncture. You may have gone completely through the vein, in which case you should slowly withdraw the needle. As the needle moves back into the vein, blood will flow. Be careful not to withdraw the needle once flow is established.

10. Release the tourniquet before removing the needle from the vein. Withdraw the needle gently. Place the cotton and apply pressure to the site. This is to avoid a hematoma, which is unsightly as well as painful.

11. Instruct the patient to keep the arm extended in a straight position and have him press the bandage for at

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least 3 minutes. Use the time to label specimens and clean the vacutainer holder. (If the patient is unable to hold pressure, you must provide the pressure as long as possible).

12. Before leaving the patient, you must inspect the puncture wound. On rare occasion, the blood flow may not stop readily. This continued flow may be related to the patient's disease. In such a case, keep the pressure on the site for 5 minutes or more. If bleeding continues, do not leave the patient until the situation is under control.

IDENTIFICATION OF THE BLOOD TUBE

IDENTIFY THE SPECIMEN BY PRINTING ON EACH TUBE:

1. The patient's name.

2. The patient's date of birth.

3. The initials of collecting personnel.

4. The date and time of collection. DISPOSAL:

• All used materials, except the needle and unused tubes, may be discarded into the wastebasket.

• Used needles are to be placed into the biohazard sharps container provided.

• **Never drop a needle into a wastebasket where it may injure someone.**

FLUIDS AND BLOOD COLLECTIONS:

Do not use the same arm for a venipuncture where an intravenous (IV) infusion is running in. The laboratory will receive a sample of the IV fluid instead of blood if the sample is collected above the IV line. Use the area below the IV site if available.

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FINGER STICK PROCEDURE

1. Identify the patient by his/her name and date of birth (Ask the patient for his/her name and date of birth,i.e., do not ask, "Are you Mr. Jones?").

2. Explain the procedure.

3. Position the patient so the finger you will use is readily accessible and so you are able to work in a comfortable position.

4. Place the equipment where it is readily available but as not in danger of being upset by the patient.

5. Identify the optimal puncture site. Choose a finger that is not cold or swollen.

6. With your left thumb and index finger, grasp the patient's finger, holding the sides of the finger with your right hand.

7. Moving your left hand toward the tip of the finger, apply a massaging motion to the fleshy portion of the finger, repeating 5-6 times.

8. Don gloves.

9. With the alcohol swab, cleanse the ball of the finger.

10. With a piece of dry cotton, thoroughly dry the ball of the finger

11. Inform the patient that you are going to perform the stick

12. Perform the finger stick with the lancet device, across the fingerprint area.

13. Eliminate the first drop by wiping with a gauze pad.

14. Produce a large enough rounded drop to fill the Accu-Chek strip.

15. Apply bandage to the puncture when enough blood is obtained.

16. Before leaving the patient, you must inspect the puncture wound. On rare occasion, the blood flow may

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FINGER STICK PROCEDURE CONTINUED

not stop readily. This continued flow may be related to the patient's disease. In such a case, keep the pressure on the site for 5 minutes or more. If bleeding continues, do not leave the patient until the situation is under control.

DISPOSAL

- All used materials except the needle and blood saturated items can be placed in the trash can.
- Used needles are to be placed into the biohazard sharps container provided.
- **Never drop a needle into a wastebasket where it may injure someone.**

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HEMOCCULT TESTING

PURPOSE: The hemoccult test is a rapid, convenient, and qualitative method for detecting fecal occult blood which may be indicative of gastrointestinal disease. It is not a test for colorectal cancer or any other specific diseases.

PROCEDURE: Specimen collection and testing procedures done in accordance with manufacturer's package insert*

**See manufacturer's package insert copy.*

QUALITY CONTROL: Hemoccult test card is tested for quality at the time patient testing by internal controls.

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URINE PREGNANCY TEST (QUALITATIVE TEST)

PURPOSE: To determine pregnancy.

The hCG Card Pregnancy Test is a rapid qualitative two-site sandwich chromatographic immunoassay (CIA) for the determination of human chorionic gonadotropin (hCG) in urine.

PROCEDURE: Specimen collection and testing procedures done in accordance with manufacturer's package insert. *

**See manufacturer's package insert copy.*

QUALITY CONTROL: hCG card pregnancy test kit is tested for quality once a month. Quality control testing is logged onto log sheet.

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RAPID STREP A TESTING

PURPOSE: The Strep A Test is a rapid immunochromatographic assay for the detection of Group A Streptococcal antigen.Strep A antigen is extracted from the throat swab by inserting into the testing devise and adding the extraction reagent.

POLICY: Rapid-Strep A testing is an offered service for Clinic patients.

PROCEDURE: Specimen collection and testing procedures done in accordance with manufacturer's package insert * A swab for a negative confirmation through the Clinton Regional Hospital lab will also be collected at the time of screening.

**See manufacturer's package insert copy.*

QUALITY CONTROL: Rapid Strep A test kit is tested for quality once a month. Quality control testing is logged onto log sheet.

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URINE DIPSTICK TESTING

PURPOSE: Testing urine for diagnosis and evaluation information.

POLICY: Urine dipsticks are performed to evaluate the following tests:

- Glucose.
- Bilirubin.
- Ketone.
- Specific gravity.
- Blood pH.
- Protein.
- Urobilinogen.
- Nitrite and leukocytes in urine.

Test results may provide information regarding the status of:

- Carbohydrate metabolism.
- Kidney and liver function.
- Acid-base balance.
- Urinary tract infection.

PROCEDURE: Specimen collection and testing procedures done in accordance with manufacturer's package insert. *

*See *manufacturer's package insert copy.*

QUALITY CONTROL: Urine dipstick test strips are tested for quality the day of patient testing, prior to patient testing. Quality control testing is logged onto log sheet.

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BLOOD GLUCOSE MONITORING

PURPOSE: This test is administered to determine blood glucose levels.

PROCEDURE:

1. Specimen collection and testing procedures done in accordance with manufacturer's package insert.*

Also see finger stick policy and procedure for technique protocol.

2. Record the blood sugar reading and the time that the patient last ate in patient chart.

*See *manufacturer's package insert copy.*

QUALITY CONTROL: Glucometer is tested for quality immediately before patient testing. Quality control testing is logged onto log sheet

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INFLUENZA; RSV; MONO TESTING

PURPOSE: This test may be ordered on patients for whom a diagnosis of influenza, RSV, and Mono will inform decisions regarding clinical care, infection control, or management of close contacts.

POLICY: The clinic may perform influenza testing on its patients.

PROCEDURE: Specimen collection and testing procedures will be done in accordance with manufacturer's package insert *

**See manufacturer's package insert copy.*

QUALITY CONTROL: Test kits will be tested for quality once a month. Quality control testing is logged onto log sheet.

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INFECTION CONTROL

Refer to Clinton Regional Hospital Infection Control Policy and Procedure on Sharepoint.

Access instructions: go to intranet home page, click on AHC Policy & Procedure link, double click on 'Infection Control2' folder.

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