

BD Nexiva™

Closed IV catheter system—dual port

Blood collection points to practice

Collecting blood at the time of insertion



Collect

- Clamp extension tube and remove connector.
- Attach syringe or the BD Vacutainer® Luer-Lok™ access device (LLAD). (*fig. 1*)
- Unclamp extension tube and collect blood.
- Clamp extension tube and remove syringe or LLAD.



Flush

- Attach flush syringe.
- Unclamp extension tube and flush. (*fig. 2*)



Connect

- Clamp extension tube and remove flush syringe. (*fig. 3*)
- Attach BD Q-Syte™ luer access split septum device.



Flush

- Unclamp extension tube and flush through the other BD Q-Syte device. (*fig. 4*)
- Clamp extension tube before disconnecting from the BD Q-Syte device if the catheter system is not attached to an infusion set.

Consult product insert for complete instructions, warnings and cautions.



fig. 1

**The BD Vacutainer®
Blood Collection System**

**Order of draw
for multiple tube collections**
CLSI-recommended order of draw (GP41–A6)

Closure color	Collection tube	Mix by inverting
BD Vacutainer® Blood Collection Tubes (glass or plastic)		
	Blood cultures—SPS	8 to 10 times
	Citrate tube*	3 to 4 times
	BD Vacutainer® SST™ gel separator tube	5 times
	Serum tube (glass or plastic)	5 times (plastic) none (glass)
	BD Vacutainer® rapid serum tube (RST)	5 to 6 times
	BD Vacutainer® PST™ gel separator tube with heparin	8 to 10 times
	Heparin tube	8 to 10 times
	BD Vacutainer® Barricor™ plasma blood collection tube with heparin	8 to 10 times
	EDTA tube	8 to 10 times
	BD Vacutainer® PPT™ gel separator with K ₂ EDTA	8 to 10 times
	Fluoride (glucose) tube	8 to 10 times

*When using a winged blood collection set for venipuncture and a coagulation (citrate) tube is the first specimen tube to be drawn, a discard tube should be drawn first. The discard tube must be used to fill the blood collection set tubing's "dead space" with blood but the discard tube does not need to be completely filled. This important step will ensure maintenance of the proper blood-to-additive ratio of the blood specimen. The discard tube should be a nonadditive or coagulation tube.

Note: Always follow your facility's protocol for order of draw.

fig. 2



Tips for success

Blood collection from short peripheral IV catheters

Drying time of prepping agent

- Allow the cleansed site to dry thoroughly.
- Red blood cell lysis is common with exposure to antiseptic agents not allowed to dry (*particularly alcohol*).

Tourniquet time

- Do not leave the tourniquet on for more than one (1) minute.

Syringe use

- Forcefully pulling the plunger back during blood collection may create enough pressure to cause hemolysis. Pull back slowly.
- Pushing the plunger when transferring blood from a syringe into a tube may cause hemolysis.
- Do not apply pressure to the syringe plunger to accelerate the rate of transfer. Allow the tube vacuum to draw the blood from the syringe.

Multiple tube collection

- Collect tubes in the order shown (*fig. 1*), from top to bottom, to prevent cross contamination of tube additives.

Volume per tube

- Fill each tube with the correct blood volume to ensure sufficient specimen is available for testing and to ensure the proper ratio of tube additive to blood. Fill volume is especially critical for the light blue citrate tubes used for coagulation studies.

Mixing tube additive

- Gently invert each tube as they are removed from the holder and before engaging the next tube. (*fig. 2*)
- Vigorous mixing or shaking of the tubes may cause hemolysis.

Specimen transport

- Mechanical trauma during transport may occur in a pneumatic tube system, resulting in hemolysis.
- Tubes not filled with enough blood have more head space within the tube for blood to move back and forth during tube transport.

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