

 Tarangnan Community Hospital Clinical Laboratory	Document No.: WI-P-003-A-V0	CONTROLLED COPY Do not copy or remove
	Parent Document: SOP-P-003, Sections 5.2–5.6 Version: V0	
Applies to: Medical Technologists, Phlebotomists, and Pediatric / Ward Nursing Personnel Effective Date: MM-DD-YYYY Supersedes: None		

Capillary Finger-Stick & Neonatal Heel-Stick Safe Puncture Card

Phlebotomy Section & Pediatric Care Units | Safe Anatomical Landmarks, Depth Limits & Microtainer Order of Draw

STOP

NEONATAL ≤ 2.0 MM DEPTH LIMIT & MANDATORY WIPE FIRST DROP: Lancet penetration depth on infant heels must never exceed 2.0 mm (≤ 1.0 mm in pre-term infants) to prevent calcaneus bone osteomyelitis (SOP-P-003, Section 5.2). Always wipe away the first drop of blood with sterile dry gauze; first-drop tissue thromboplastins contaminate cell counts and cause premature platelet clumping.

1

Verify Patient & Warm Site If Poorly Perfused
Confirm 2 identifiers (full name, MRN). Secure child immobilization with assistant or parent. If extremity is cold, apply a warm compress (≤ 42 °C) for 3–5 minutes to increase arterial blood flow up to 7-fold.
SOP-P-003, Section 5.4.1–5.4.3

⌚ 3–5 min

2

Sanitize Skin & Air-Dry Completely (NO Povidone-Iodine)
Cleanse site with 70% isopropyl alcohol using gentle friction. Allow to air-dry completely for 30 seconds. Never use povidone-iodine (causes artifactual elevation of potassium, phosphorus, and uric acid).
SOP-P-003, Section 5.4.4

⌚ 30 sec

3

Locate Safe Puncture Landmark & Align Lancet
Infants (< 1 yr): Medial or lateral plantar borders of heel only. Children ≥ 1 yr / Adults: Palmar surface of distal 3rd (middle) or 4th (ring) finger pad, oriented perpendicular to fingerprint whorls.
SOP-P-003, Section 5.3.1, 5.3.2

4

Trigger Retractable Safety Device & Discard Immediately
Hold site firmly. Press automated retractable lancet flush against skin; trigger incision. Immediately discard used device into point-of-use sharps container. Never reuse or use manual surgical blades.
SOP-P-003, Section 5.5.1

5

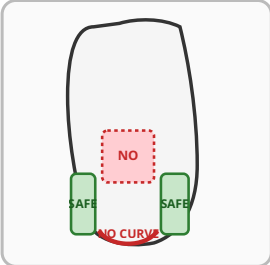
Wipe Away the Very First Drop of Blood (MANDATORY)
Firmly wipe away the first drop of blood with sterile dry gauze pad. The initial drop contains interstitial fluid, cellular debris, and tissue thromboplastins that alter hematology and chemistry results.
SOP-P-003, Section 5.5.2

WIPE DROP

6

Collect Blood in Capillary Order of Draw (NO Milking or Squeezing)
Allow large rounded drops to form. Touch microtainer scoop to drop; flow blood down wall. Apply gentle intermittent pressure only. Never milk or squeeze tissue (causes hemolysis and hemodilution). Max 2 attempts.
SOP-P-003, Section 5.5.3, 5.5.4

NEONATAL HEEL SAFE ZONES & DEVICE DEPTH



Safe Puncture Zones:

- Medial Plantar Border
- Lateral Plantar Border

Strictly Prohibited:

- × Posterior heel curvature (bone depth < 2 mm)
- × Central plantar arch (nerve/tendon damage)
- × Earlobes, 5th finger, or swollen sites

Patient Category	Device / Site	Max Depth
Pre-term / Low-Birth-Weight	Heel incision device	0.85–1.0 mm
Full-Term Neonate (< 1 yr)	Automated heel lancet	1.0–2.0 mm (Max)
Child (1 to 8 yrs)	Finger lancet (3rd/4th)	1.5 mm
Adult / Older Child	Finger lancet (3rd/4th)	1.8–2.0 mm

CAPILLARY MICROTAINER ORDER OF DRAW

Note: Capillary draw order differs from venous draw; EDTA is collected first to prevent platelet clotting.

Order	Cap Color	Additive & Tests	Inversions
1st	Lavender	K2 / K3 EDTA: CBC, Hemoglobin, Smear, Platelets	10× Immediate
2nd	Green	Lithium Heparin: Clinical Chemistry, Electrolytes	8–10× Gentle mix
3rd	Red / Gold	Serum Plain / Gel: Serology, Dengue, Chemistry	5× Clot 20 min

Post-Collection Hemostasis & Safety: Apply dry gauze for 1–2 minutes until sealed. Do NOT apply adhesive bandages on infants < 2 years (aspiration/choking and skin tear hazard).

Prepared by: Chief Medical Technologist Signature: _____ Date: _____	Reviewed by: Pathologist Signature: _____ Date: _____	Approved by: Hospital Director Signature: _____ Date: _____
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