A Day in the Life of a Phlebotomist

I am one of the first persons a patient meets during their hospital stay every morning because I wake them up around 5 AM. My job as the resident Phlebotomist is to draw blood from the patient, a procedure known as venipuncture. Some people call me the Vampire, although I do not have fangs.

My day starts very early in the morning so when the doctor who orders patient tests for diagnostic purposes can rest assured that the results are accurate. One way to ensure the results are accurate and consistent is to draw blood from patients when their body is at a homeostasis state. This means that the body chemistry/blood is at a steady state as they have not eaten breakfast, have not done any type of exercise or activity which could interfere with the test results.

I report to the phlebotomy manager in the hospital medical laboratory and work with various hospital personnel known as Medical Technologists (MT), Medical Lab Technicians (MLT), Registered Nurses (RN) and Pathologists. I work very closely with these professionals, as my work depends on how their blood tests are reported.

My first stop in the lab is at the drawing station where I replenish all of my supplies in the phlebotomy tray. The supplies include needles, gauze, vacutainer test tubes of all different colors, Band-Aids, tourniquets, holders, syringes and special venipuncture equipment. Next, I visit the printing area where test requests that have been ordered by the nurses/physicians the day before are processed and printed. Tests are ordered through the hospital computers and are downloaded to the lab computer in the phlebotomy area. I receive the test request slips and arrange them by time, hospital floor and type of patient. These test request slips have all the information about the patient including their name, unique hospital ID, date of birth, and any pertinent information that I may need to be aware of prior to the venipuncture procedure. For example, the patients may have allergies, a special medical condition or a compromised health status. Also, the test requisitions include the tests that the physician has ordered and any special request from the doctor. These special requests include drawing times, patient status (i.e. fasting) or a specific area to the blood from the patient. In some cases, the cap color or type of blood tube to be used may be listed next to the test ordered on the requisition form. After I have gathered all of the requisition slips and my phlebotomy tray, I am ready to go out to the hospital floors to draw blood.

Upon arriving on the hospital floor, I check at the nurse’s station and verify if anything has changed with the patient’s status on the floor. Patients fall into various groups from pediatrics, geriatrics, post-surgical, cancer patients to critically ill patients in the ICU (Intensive Care Unit). Although, each patient is very different and may have special needs, I know that the way I approach and introduce myself will make a difference in their lives. As I already mentioned above, I have the pleasure of waking up the patient and asking and getting permission to draw their blood. Some patients are very cooperative and others are not, but in most cases I am successful in the venipuncture procedure. If the patient’s veins are inadequate and/or cannot be stuck using the normal venipuncture procedures, I may ask the nurse to help in obtaining the blood.
Today, my first stop is on the maternity floor where I will draw blood from 10 expecting moms. These patients are usually very happy and are very willing to have their blood drawn because their hospital stay is short and one of jubilation as they will soon be bringing home a new member to their family. My next stop is in ICU, where these patients are critically ill. Sometimes they do not even know that I am in the room and I may need to get the nurse’s approval to draw their blood. This patient population is usually very difficult to stick as the patients are critically ill. They also may have catheters inserted into their veins which may prohibit me from drawing blood through the normal venipuncture procedure. The final stop for the morning rounds ends on the 3rd floor where post surgical patients are recovering.

I bring all of the patient labeled blood tubes back to the lab. I spin the tubes down in an instrument called a centrifuge, which separates the blood cells from the plasma. Next, I arrange the blood tubes based on the type of test ordered and the laboratory area performing the tests. The major departments in the laboratory are hematology, blood bank, chemistry, microbiology, and serology. Microbiology specimens are usually collected after the morning rounds as these tests are ordered based on the patient diagnosis. I refill my phlebotomy tray and I am ready for special blood drawing requests that come in periodically to the lab, such as timed specimens, arterial sticks or microbiology blood specimen collections. My last routine venipuncture responsibility for the day is to visit the nursery and draw blood from newborn infants for PKU testing. This requires heal sticks on the newborn infants and yes; they do cry when I stick them.

Oh, by the way, I try to catch breaks and lunch when I can; between all of the routine procedures, stats and special physician requests.

Well, my day is just about over… wait I just received a stat request from the Emergency Room where an emergency blood draw on 4 accident victims in critical condition was requested. I gather my tray and I am off and running to draw another person that needs my help to make it through the day. They have ordered 4 units to be crossmatched, so I better make sure that I check their hospital ID number from these patients as the Medical Technologist in the blood bank depends on this tube to be from the right patient. That patient could die or have a serious blood transfusion reaction if I collected blood from the wrong patient or labeled the blood tube incorrectly.

Just another day in the life of a professional caregiver and someone that cares a lot about people.