NTI PACKET

DAYS 1-10

PHLEBOTOMY

MRS. WATSON
Unit 1 Case Study: HIPAA

Phlebotomist Mariam entered patient Jones's room to draw blood. Patient Jones was in the hospital for a short-stay surgery, a therapeutic abortion. Patient Jones's doctor had ordered a CBC, electrolytes panel, PT, PTT, ABO/Rh and Rhogam if indicated. While phlebotomist Mariam was drawing blood, patient Jones's father looked at the doctor's orders.

Mr. Jones asked phlebotomist Mariam what kind of test Rhogam is and what is meant by "...if indicated." Phlebotomist Mariam told Mr. Jones that when an Rh-negative mother has an Rh-positive baby, the mother is given Rhogam to prevent the formation of antibodies against future pregnancies of Rh-positive babies.

Phlebotomist Mariam immediately noticed that the father and the daughter were visibly upset. The father said that the doctor's orders must be wrong and that phlebotomist Mariam should check with her supervisor because his daughter was not pregnant; she was having a simple corrective surgery.

Questions:

1. What is HIPAA?

2. Did the phlebotomist violate HIPAA regulations?

3. Did the father have the right to look at his daughter's hospital orders?

4. Did the phlebotomist give the father the correct answer to his question?
#1 Right Patient, Wrong Sample

The Case

A 54-year-old man Grant Smith was admitted to the hospital for preoperative evaluation and elective knee surgery. On the morning of surgery, the patient was awakened by the phlebotomist who drew his blood for basic laboratories and type and cross-matching.

To ensure proper patient identification, the hospital had implemented a policy requiring a registered nurse or physician to verify the identity of all patients screened for blood transfusion. In practice, after verification of identity, the nurse or physician was required to initial the patient label on the vial of blood.

As it was the change of nursing shift, the bedside nurse for the patient was not available and there were no physicians on the floor at the time. With another floor of patients still to see, the phlebotomist carried the labeled vial of blood out to the nurses' station, and the label was signed by a random nurse. The sample was sent to the laboratory for analysis.

Later that morning, a laboratory technician noticed a large and surprising change (compared to the previous day’s sample) in the hemoglobin value for a different patient on the same floor. She chose to investigate the discrepancy. Upon review, she realized that the vials of blood for the 54-year-old man had been mislabeled with another patient’s label by the phlebotomist. The reason the hemoglobin’s were so discrepant for this other patient was that today’s value was that of the 54-year-old man, the wrong patient. On closer examination, it was determined that all the blood samples had been mislabeled, including the vial for type and cross-matching.

Despite the "near miss," the patient suffered no harm, and another blood specimen was drawn prior to surgery.

Discussion:

What are the lab orders?

What tubes go with which order?

When drawing from the patient what is the “order of draw” for this scenario?

What equipment is needed in terms of type of draw, gauge, and bandages, etc. to complete the technician’s lab orders?

What went wrong in this situation?

What can you do to prevent error?

What negative outcomes could have happened?
#2 A Little Too Late

The Case

The patient, a 28-year-old male (active duty returning from deployment), Eli Jones, presents to the ED triage complaining of recent high-grade fever (103° F), sore throat, congestion, and a persistent cough for the past two weeks, night sweats, and blood tinged sputum. You as a phlebotomist are one of the first to arrive to the room besides the admitting nurse and registrar. Clearly he is sick. You are under standard orders to obtain a set of blood cultures, throat swab, nasopharyngeal swab, complete blood count, complete metabolic panel, and trace metals panel, HIV-1/HIV-2 EIA Antibody, and urinalysis. You obtain the specimens and send them immediately to the lab.

The patient is immediately taken to an ER examination bed. Upon examination, the attending physician, E.R. Physician, notices a rhonchus, dullness to percussion at the left lung base, and a slight wheeze; he also suspects the patient is dehydrated. The patient’s pharynx appears to be red and inflamed, and tonsils are absent.

Then the physician orders a STAT chest x-ray lateral, posterior, and anterior views, NS IVF 1L Bolus, Tylenol 1000mg, mini nebs every 4 hours, STAT 12 lead ECG, and a respiratory MD consult. It has now been 6 hours as the medical team of nurses, respiratory therapists, two MDS, transport, radiography technicians, ECG technician, and PCAs respond to the orders. The x-ray returns with a conclusion of possible Tuberculosis. Immediately, the ER physician orders the team to put the patient in airborne isolation.

Discussion:

What are the lab orders?

What tubes go with which order?

When drawing from the patient what is the “order of draw” for this scenario?

What equipment is needed in terms of type of draw, gauge, and bandages, etc. to complete the technician’s lab orders?

What went wrong in this situation?

What can you do to prevent this error?

What negative outcomes could have happened?

Explain what airborne isolation is.
#3 Confused and Sick

The Case

Mr. Yun is an 84 y/o man whom lives with his wife and daughter. He has issues of stability and falls frequently. He refuses to go to a nursing home – he also refuses home health physical therapy. He also refuses to go to a senior community center with his wife for daytime activities. The last time he did go – he cursed at people and was told he is not welcome anymore if he continues to exhibit this behavior. His family no longer goes out anymore to stay at home to take care of him. Now his memory is becoming worse. One evening Mrs. Yun finds her husband making a fire in the living room floor drenched in his urine. He becomes violent when she attempts to stop him. She calls EMS and he is taken to the nearest ED.

In the ED, you as phlebotomist are part of the multidisciplinary team who meets the patient, wife, and EMTs at the door. Mr. Yun is fearful and withdrawn. His wife states she found his Coumadin bottle empty and they had refilled the Rx this week. He is massively bruised. You are under protocol to assist in these orders: Head CT, Chest X-ray, F/C at bed side, 12 lead ECG, Haldol 1mg IV STAT, LABS: CBC, CMP, Lactic Acid, Blood Cultures, PT/INR, and Urinalysis.

It has been an abnormally busy day, all the team members are sharp and quick with each other. You are feeling the stress also thus you feel obligated to speed up the process. As you begin to take the ordered samples, Mr. Yun begins yelling in Chinese and backing away from you. As you near him his voices raises and he draws his arm back. His wife attempts to help and he pushes her to the ground. Security is called and he is restrained.

Discussion

What are the lab orders?

What tubes go with which order?

When drawing from the patient what is the “order of draw” for this scenario?

What equipment is needed in terms of type of draw, gauge, and bandages, etc. to complete the technician’s lab orders?

What went wrong in this situation?

What can you do to prevent this situation?

What negative outcomes could have happened?
#4 Autism Awareness

The Case

Tommy Richards is a 5-year-old boy with autism. He has difficulty communicating with his peers and frequently fails to respond when people speak to him. Tommy never initiates conversations and rarely makes eye contact with other individuals. Periodically, Tommy becomes upset and loses his temper throughout the school day. Tommy is not the only person with autism in his family. His older brother, Matthew, exhibits some signs of autism, including certain repetitive behaviors, difficulty with social skills, and behavioral problems. Despite these barriers, Matthew has been successfully integrated into a general education classroom.

There is a flu outbreak at his school and school is forced to shut its doors for a week. Tommy was one of the sick, after a week of treatment he is no better and is admitted to the pediatric wing. You are the phlebotomist covering that unit. Tommy’s orders print as follows: LABS: ESR, ANA, CBC, CMP, and Lactic Acid. His family is not present at this time.

When you enter the room Tommy is hesitant and makes no contact. Without acknowledged him you glance at his wrist band and compare it to the order form. You reach for Tommy’s arm to begin and he begins screaming and rocking back and forth.

Discussion

What are the lab orders?

What tubes go with which order?

When drawing from the patient what is the “order of draw” for this scenario?

What equipment is needed in terms of type of draw, gauge, and bandages, etc. to complete the technician’s lab orders?

What went wrong in this situation?

What can you do to prevent this situation?

What negative outcomes could have happened?

What makes mental issue more challenging in healthcare?
1. EXPLAIN 3 RULES YOU HAVE LEARNED IN THIS CLASS ALREADY.
1. DIFFERENTIATE BETWEEN CERTIFICATION AND ACCREDITATION.
1. DEFINE OSHA AND EXPLAIN ITS ROLE.
EXPLAIN THE STEPS TO DO IT YOU STICK YOURSELF WITH A CONTAMINATED NEEDLE
DESCRIBE PHLEBOTOMY