



Autoimmune Resource and Research Centre

Information Sheet

ARRC guide for reducing difficulties in drawing blood

There are many categories of patients who may present as potential problems when drawing blood - for example, arthritic patients, critical care patients, the elderly, children, obese people, patients undergoing chemotherapy, psychiatric patients, those who have had bad experiences before, those who have had repeated blood tests, or those simply frightened of needles. It could be that veins “disappear” or are hard to find, or that blood flows slowly, or that a patient is anxious and panics, or that a patient’s skin is thickened and hardened as in Scleroderma.



How can the chances of problems taking blood be reduced?

Good communication is the key to effective interactions. Some simple and effective strategies when taking blood will improve the experience. These can include:

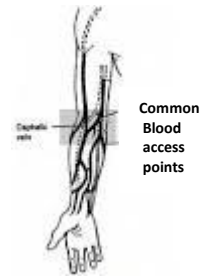
- Expressing concerns if there are any, identifying any potential problems before beginning and adapting process if needed
- Answer questions honestly, using words and explanations that are appropriate
- Explain any past problems in collections and successful solutions that have been undertaken. This includes expressing a preference for collection areas on the body. In some cases one side of the body may be easier to access than the other.
- Having the steps of the procedure explained throughout can be helpful in reducing stress. However some people prefer to have minimal information and this should also be expressed.
- Having patience and being reassured can also be helpful in calming nerves and anxieties.
- Acknowledge fears and work as a team.

Not only is good communication key to making the process work more smoothly, making sure that the room and you are warm and the atmosphere calm are just as important.

As a patient there are things you can do to help:

- Learning to be relaxed can reduce the difficulty of the collection, as stress and anxiety can increase your blood pressure and constrict blood vessels making it harder to draw blood.

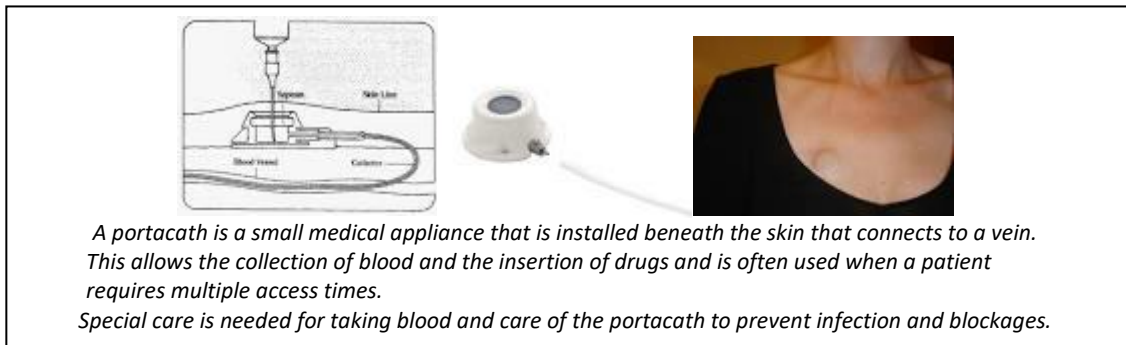
- If blood draws are painful, ask for the use of some local anaesthetic (EMLA cream) 1 – 2 hours before the draw. You can also consider self-administering an over the counter local anaesthetic preparation such as 1% lignocaine. This can be useful; however, be sure to tell the collector when and where the preparation was used.
- If you are dehydrated the blood will be thicker and your blood pressure may be reduced. Many people with chronic illnesses, such as autoimmune illness and also those of an elderly age are chronically dehydrated. So drinking additional fluids in the hour or two before blood is to be taken often helps.
- If you are cold, there will be less blood flows to the extremities (arms and legs) so it is important to be warm as this makes it easier to find a suitable vein. The warmer you are the more the blood flows. If you suffer from the cold or circulation problems, a heat pack on your arm 10-20 mins before the draw may help. Dress warmly, and try to keep your skin temperature a bit higher than you usually would.



Solutions for specific needs:

- For those with **repeatedly punctured veins**, alternative sites can be found which can improve success. Making sure that you have good hydration and warm limbs can also improve access to veins when regular samples are taken. The use of a smaller gauge needle may be used to reduce pain and improve collection.
- For **older people**, vein patency, i.e. where the vein is open and unblocked, can be a problem as veins lose their elastic nature with ageing. Veins can also be fragile, smaller and delicate in the elderly or those with autoimmune illness. This means that sometimes, the needle will pass straight through the vein and no blood will be able to be collected. With injury and mobility issues, it may be difficult for a patient to extend their arm for the person taking the blood to see the veins. Alternative sites may need to be looked at for these people but also warming the limb and ensuring good hydration may help.
- For **arthritic** patients or people with contracted limbs, talk with the collector as to what is a comfortable position. It is possible to use support pillows and foam blocks to reduce pain.
- Some **medications** may make taking blood more difficult. For example steroids such as prednisolone can enhance vein shrinkage with the need for use of additional techniques. For these people, the use of small needles can be very effective. Drugs used for thinning bloods such as heparin, aspirin, warfarin can cause longer bleed times so it is always important to ensure bleeding has stopped after the blood is taken before applying a bandage to the area. Bleeds can be stopped by applying pressure to the wound site for a few minutes. Always keep the wound site covered and make sure that you avoid heavy lifting or carrying handbags on the arm where the collection has occurred. It is good practise to keep an up-to-date list of medications on hand to show the collector.
- Problems can also occur when veins **lose their elastic nature** this can occur in those with autoimmune illnesses as well as other chronic illnesses. This can make it difficult for the blood collector to feel the vein and needle position. Keeping calm and as still as possible in conjunction with ensuring that you are well hydrated can reduce this difficulty.

- **Fragile, smaller and delicate** veins can also occur with autoimmune illnesses and aged persons this could also mean that sometimes, the needle will pass straight through the vein and no blood will be able to be collected.
- The **thickness of skin** can increase with excess production of collagen in people with Scleroderma and in those with burns and scarring from injury. In these patients it may be difficult for the needle to penetrate the skin into a viable vein. When this occurs the collector may need to access a site other than arms. In some people that have this problem, the surgical insertion of an artificial collection site called a portacath may be needed.



- **Obese** patients, especially the severely obese present particular problems. Use of the tourniquet can cause problems with fat rolling over the top of it and making the tourniquet curl up like a rope. This makes it very uncomfortable and can lead to haemoconcentration in the lower arm, affecting the blood sample being collected and the results of the lab tests will record higher levels than they should. This is especially the case if the tourniquet is left on for more than a minute, which may happen if a vein is difficult to find. After a minute the tourniquet should be released and start again if needed after a 2 minute break.
- Some people may **faint** when blood is taken, if you know that you have fainted in the past then it is advisable to tell the collector before starting to take blood. In most cases lying down while the collection occurs and remaining in the chair for a little while longer after the collection can alleviate symptoms of dizziness and fainting.

Having blood collected is common for autoimmune patients. Understanding the procedure and what can be done to alleviate problems will help make the experience as easy as possible.

Please note: Scleroderma Australia has produced a specific brochure to help people living with Scleroderma have a more positive experience. For more information please go to www.sclerodermaaustralia.com.au

References:

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The Autoimmune Resource and Research Centre (ARRC) is a Not for Profit registered health promotion charity.

ARRC provides education, support and research services for people living with a range of systemic and organ-specific autoimmune diseases. For more information, education and support contact ARRC

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ARRC information for patients, carers & Health Professionals

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