Phlebotomist Skills Checklist

Name_____ Date_____

Years of Experience - Adult_____ Pediatric_____ Combined_____

Signature:_____

Please rate your experience / frequency (within the last year) using the following scale (check the appropriate boxes below):

Experience Scale:
0 - No Experience / Theory Only
1 - Limited Experience / Need Review
2 - Frequent Experience / May Need Some Review
3 - Experienced / Perform Well

Frequency Scale:
0 - Observed Only / Never Done
1 - Rarely Done (<6 times/year)
2 - Occasionally Done (1-2 times/month)
3 - Frequently Done (daily or weekly)

	Experience				***Frequency***			
Patient Identification								
Inpatient identification	0	1	2	3	0	1	2	3
Infants and young children identification	0	1	2	3	0	1	2	3
Emergency department identification	0	1	2	3	0	1	2	3
Ambulatory patient identification	0	1	2	3	0	1	2	3
Other (list):	0	1	2	3	0	1	2	3
	0	1	2	3	0	1	2	3
Equipment								
Alcohol swabs	0	1	2	3	0	1	2	3
Arterial blood gas kits	0	1	2	3	0	1	2	3
Cotton swabs	0	1	2	3	0	1	2	3
Occult blood packets	0	1	2	3	0	1	2	3
Heel warmers	0	1	2	3	0	1	2	3
Infant restraints	0	1	2	3	0	1	2	3
Laboratory requisitions	0	1	2	3	0	1	2	3
Pin worm kits	0	1	2	3	0	1	2	3
Serum separators	0	1	2	3	0	1	2	3
Vacutainer holder	0	1	2	3	0	1	2	3
Vacutainer tubes	0	1	2	3	0	1	2	3
Blood culture bottles	0	1	2	3	0	1	2	3
Blood culture preparation kits	0	1	2	3	0	1	2	3
Centrifuge	0	1	2	3	0	1	2	3
24 hour urine containers	0	1	2	3	0	1	2	3
Capillary blood kits	0	1	2	3	0	1	2	3
Bacteria media	0	1	2	3	0	1	2	3
Drug screen kits	0	1	2	3	0	1	2	3
Ova parasite containers	0	1	2	3	0	1	2	3
Legal blood draw kits	0	1	2	3	0	1	2	3
Paternity blood draw kits	0	1	2	3	0	1	2	3
Complications/Troubleshooting								
Fainting	0	1	2	3	0	1	2	3
Hematoma	0	1	2	3	0	1	2	3
Failure to draw blood	0	1	2	3	0	1	2	3
Petechiae	0	1	2	3	0	1	2	3
Excessive bleeding	0	1	2	3	0	1	2	3
Mastectomy	0	1	2	3	0	1	2	3
Edema	0	1	2	3	0	1	2	3
Collapsed veins	0	1	2	3	0	1	2	3
Hemolysis	0	1	2	3	0	1	2	3
Burned or scarred areas	0	1	2	3	0	1	2	3
Other (list):	0	1	2	3	0	1	2	3
	0	1	2	3	0	1	2	3

	Experience				***Frequency***			
Equipment cont.								
RSV kits	0	1	2	3	0	1	2	3
Glucola	0	1	2	3	0	1	2	3
Red top tubes (plain)	0	1	2	3	0	1	2	3
Light blue top tubes (Coag: Sodium cirate)	0	1	2	3	0	1	2	3
Serum separator (SST, tiger top, speckle)	0	1	2	3	0	1	2	3
Green top (Heparin, lithium, Na+, ammonium)	0	1	2	3	0	1	2	3
Purple top (EDTA)	0	1	2	3	0	1	2	3
Gray top (Na+fluoride and K+ oxalate)	0	1	2	3	0	1	2	3
Brown top	0	1	2	3	0	1	2	3
Butterfly needles	0	1	2	3	0	1	2	3
Other (list):	0	1	2	3	0	1	2	3
	0	1	2	3	0	1	2	3
	0	1	2	3	0	1	2	3
General								
Patient positioning	0	1	2	3	0	1	2	3
Venipuncture sites	0	1	2	3	0	1	2	3
Warming the puncture site	0	1	2	3	0	1	2	3
Tourniquet application and removal	0	1	2	3	0	1	2	3
Decontamination of the puncture site	0	1	2	3	0	1	2	3
Blood-bourne pathogens exposure control plan	0	1	2	3	0	1	2	3
Tuberculosis exposure control plan	0	1	2	3	0	1	2	3
PPR (personal protective equipment)	0	1	2	3	0	1	2	3
Disposal of contaminated items	0	1	2	3	0	1	2	3
Biohazard waste containers	0	1	2	3	0	1	2	3
Post venipuncture site care	0	1	2	3	0	1	2	3
Order of tube collection	0	1	2	3	0	1	2	3
Skin puncture sites	0	1	2	3	0	1	2	3
Techniques								
Venipuncture	0	1	2	3	0	1	2	3
Heel stick	0	1	2	3	0	1	2	3
Finger stick	0	1	2	3	0	1	2	3
Microcapillary skin puncture	0	1	2	3	0	1	2	3
Other (list):	0	1	2	3	0	1	2	3
	0	1	2	3	0	1	2	3
Transport	0	1	2	3	0	1	2	3
Chilled specimens	0	1	2	3	0	1	2	3
Warmed specimens	0	1	2	3	0	1	2	3
Protection of specimens from light	0	1	2	3	0	1	2	3
Microbiological specimen	0	1	2	3	0	1	2	3

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