University of Texas Medical Branch	Effective Date:	Aug 92
Pulmonary Function Clinic	Revised Date:	Aug 22
Policy 04-03 Unacceptable Specimen	Review Date:	Aug 23

## Arterial Blood Gas Analysis - Unacceptable Specimen

Audience	All personnel in the Pulmonary Function Clinics.		
Purpose	To identify those specimens which do not meet acceptable standards for analysis.		
Policy	<ul> <li>All arterial blood gas samples must meet the following acceptable specimen standards: <ul> <li>A minimum sample size of 0.5 ml for blood gas and oximetry analysis for Radiometer ABL 90 FLEX PLUS.</li> <li>Sample must not be clotted. If it is, the sample must be discarded and another sample obtained.</li> <li>Sample must be run within thirty minutes of drawing. If not able, sample should be placed on ice immediately after being drawn.</li> <li>A sample is deemed "unacceptable" if air contamination is detected by ABL90, pO2 is inaccurate or does not match patient presentation. Another sample may be obtained, or sample may be re-analyzed. Reanalyzing sample requires assessment for any ambient air contamination, re-mixing sample well, and minimizing air exposure when sample is analyzed.</li> <li>If sample results appear to be venous or a mixed venous sample, then another sample may be obtained.</li> <li>Results will be screened and reviewed before documenting in patient testing comment section on Breeze. If results do not match with patient presentation, results will not be reported, and therapist may contact Technical consultant or Medical Director. Records of specimen results will be retained in ABL 90 patient data logs.</li> </ul> </li> <li>NOTE: The Pulmonary Function Clinic Policy states that the Therapist</li> </ul>		

**NOTE:** The Pulmonary Function Clinic Policy states that the Therapist performing the puncture will analyze the arterial blood gas sample immediately. A therapist may assist with procedure, but therapist performing puncture will perform analysis. Exception - exercise stress tests where multiple samples are obtained and analyzed at the conclusion of the exercise study, as this procedure requires multiple staff to perform.

This form documents the approval and history of the policies and procedures for the Pulmonary Function Laboratory. The Medical Director signs all policies verifying initial approval. Annually thereafter, the Director and/or designee may approve reviews and revisions.

Date	Approved by:	Signature
11/07	V. Cardenas, MD Medical Director Pulmonary Laboratory	
6/09	V. Cardenas, MD No changes to the policy	

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7/10	V. Cardenas, MD No changes to the policy
2/12	A. Duarte, MD Medical Director Pulmonary Function Laboratory No changes made to the policy
4/14	A. Duarte, MD Medical Director Pulmonary Function Laboratory Changes made to policy
6/16	A. Duarte, MD Medical Director Pulmonary Function Laboratory Changes made to policy
11/17	A. Duarte, MD Medical Director Pulmonary Function Laboratory No changes made to policy
8/19	A. Duarte, MD Medical Director Pulmonary Function Laboratory Changes made to policy
2/22	A. Duarte, MD Medical Director Pulmonary Function Laboratory No changes made to policy
8/22	A. Duarte, MD Medical Director Pulmonary Function Laboratory Changes made to policy
8/23	A. Duarte, MD Medical Director Pulmonary Function Laboratory No changes made to policy