

University of Texas Medical Branch	Effective Date:	Aug 96
Pulmonary Function Clinic	Revised Date:	Feb 22
Policy 04-06 Special Considerations	Review Date:	Sep 23

## Special Considerations for Arterial Blood Gas Drawing

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**Audience** All personnel in the Pulmonary Function Clinics.

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**Purpose** To describe contraindications, relative contraindications, and special considerations for performing radial artery puncture for drawing of blood for gas and pH analysis.

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**Policy** **Relative contraindications for arterial puncture exist in the following patients:**

- Patients who have been receiving long-term anticoagulation therapy.
- Anticoagulation therapy medications include heparin, low molecular weight heparin, coumadin (warfarin), trisodium citrate, dabigatran, rivaroxaban, apixaban, and edoxaban.
- Chronic Liver Disease
- Renal Failure
- Patients on long-term aspirin use

Due to their significantly increased risk for bleeding, these patients may only have radial punctures, with special consideration.

\*Should lab values be available for review (within 30 days) that show sub therapeutic bleeding/clotting times, ABG may not be drawn. Staff will document reason ABG not drawn, and will collect and document spo2 from pulse oximeter.

\* Should patient and/or staff have concerns of excessive bleeding, ABG may not be drawn. Staff will document reason ABG not drawn, and will collect and document spo2 from pulse oximeter.

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**Procedure** Procedure for obtaining RADIAL arterial blood gas samples from these patients:  
 These patients have the potential for significant bleeding. When performing radial arterial punctures on the above patients, special consideration must be given to the application of pressure on the puncture site. The minimum time of compression will be 5 minutes or until bleeding stops externally and internally. If after 5 minutes a small amount of bleeding is still present, an additional 10 minutes of compression will be done. RT will monitor for any signs of hematoma. If bleeding persists after the additional 10 minutes of compression, the pulmonary fellow or Medical Director shall be notified.

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**This form documents the approval and history of the policies and procedures for the Pulmonary Function Laboratory. The Medical Director signs all policies verifying**

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**initial approval. Annually thereafter, the Director and/or designee may approve reviews and revisions.**

<b>Date</b>	<b>Approved by:</b>	<b>Signature</b>
11/07	V. Cardenas, MD Medical Director Pulmonary Laboratory	
6/09	V. Cardenas, MD No changes to the policy	
7/10	V. Cardenas, MD No changes to the policy	
2/12	A. Duarte, MD Medical Director Pulmonary Laboratory No changes to the policy	
4/14	A. Duarte, MD Medical Director Pulmonary Laboratory No changes to the policy	
8/16	A. Duarte, MD Medical Director Pulmonary Laboratory No changes to the policy	
11/17	A. Duarte, MD Medical Director Pulmonary Laboratory No changes to the policy	
10/18	A. Duarte, MD Medical Director Pulmonary Laboratory No changes to the policy	
8/19	A. Duarte, MD Medical Director Pulmonary Laboratory No changes to the policy	
8/21	A. Duarte, MD Medical Director Pulmonary Laboratory No changes to the policy	
2/22	A. Duarte, MD Medical Director Pulmonary Laboratory No changes to the policy	
9/23	A. Duarte, MD Medical Director Pulmonary Laboratory No changes to the policy	