Authorization for Arterial Puncture

Purpose
The purpose of the authorization for arterial puncture is to insure that Respiratory Care Services therapists are knowledgeable and proficient in the utilization of equipment and techniques to perform this procedure.

Scope
Respiratory Care Services ensures that all personnel responsible for withdrawing blood samples are currently certified in the procedure.

 Audience
The policy applies to all Respiratory Care Services personnel functioning as therapists.

Policy
Approved staff members will begin performing arterial blood samples under the following circumstances:
• The staff member has been inserviced and has completed the certifying examination for the procedure.
• Arterial punctures will be confined to the Radial Artery.
• A written doctor's order exists in the medical record requesting an arterial puncture.

Credentialing Procedure:
• Satisfactory completion of the certifying examination
• Performance of a minimum of 5 samplings under the direct supervision of a Team Leader, Clinical Educator, a previously credentialed therapist, or previously credentialed registered nurse.
• The Team Leader or Clinical Educator must sign the final check-off sheet and the staff member must appear on the Authorization List maintained in the department.

All personnel must be recertified every year by:
• Retaking the certifying exam
• Performing one arterial puncture under direct observation by an authorized staff member.

The Program Manager will maintain a current authorization list.