



# Collecting show what you know

No one likes causing an infant pain. But screening and its benefits are important for the infant's future health.

Although we try our best to screen every infant, every time, sometimes we have to deal with outside circumstances that can make this difficult. Every infant's situation is different and each one can bring unique challenges, possibly leading to the infant needing to have blood spots collected again.

Every blood spot needs certain characteristics to be correctly analyzed. Without all of these characteristics, the screen results may not be accurate. That means the infant would need to have blood spots collected again.

In addition, missing, illegible, or incorrect blood spot card (requisition) information is the most common reason for an infant needing to have blood spots collected unnecessarily.

## For more information

visit [www.ahs.ca/newbornscreening](http://www.ahs.ca/newbornscreening)

### Staff Education

-  Collecting
-  Filling Out the Blood Spot Card
-  Collecting the Blood Spots
-  Getting Great Blood Spots
-  Drying & Transportation
-  Special Situations when Collecting
-  NICU/SCN

### Clinical Policy Suite

- Newborn Blood Spot Screening Policy
- Newborn Blood Spot Screening Sample Collection Procedure

1. If the infant's ULI is not available, write \_\_\_\_\_ on the blood spot card

2. Which field is extremely important to interpret the screen results?

- a. the infant's biological sex
- b. the chart number or MRN
- c. the exact time the infant was born
- d. the AHS zone where you collected the blood spots

3. What supplies do you need to collect the blood spots (check all that apply)?

- a blood spot card that is not expired
- 50% isopropyl alcohol
- disposable, powder-free gloves
- sharps box/puncture-proof container
- a NeatNik lancet

4. Draw arrows to match the common blood spot problem with a way to avoid it.

not enough blood  
(or did not soak through to the back)

keep the blood spot card clean and don't squeeze or milk the heel

layered

only let the filter paper touch the drop of blood and don't use a capillary tube to put blood on the paper

abraded or compressed

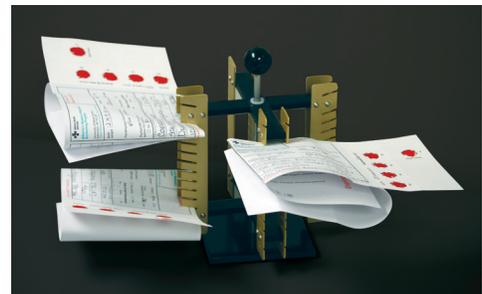
use only one drop of blood or if that's not enough, add a second drop ONLY while the first drop is still wet

contaminated

apply short, gentle intervals of pressure to the heel, while the first drop is still wet, add a second drop of blood or if necessary, poke the infant on the other heel

5. True or false

This picture shows how to dry the blood spots correctly



6. Draw arrows to match the scenario with the correct response.

the infant is being adopted

document in the infant's health record the clinical reasons (i.e., the infant is medically unstable) why the newborn blood spot screen was refused

the infant is deceased

collect the blood spots using a venipuncture

the infant is in the care of Children's Services

write "NEONATAL DEATH" on the blood spot card

the physician does not allow the infant to participate in the newborn blood spot screen

use the infant's identity at the time of collection to fill out the blood spot card

the infant's foot is not accessible

fill out the blood spot card with the infant's birth information

*See answers on next page*



ANSWERS

1. ULI PENDING

2. c. the exact time the infant was born

3. ✓ a blood spot card that is not expired

✗ 50% isopropyl alcohol

✓ disposable, powder-free gloves

✓ sharps box/puncture-proof container

✗ a NeatNik lancet

4. not enough blood  
(or did not soak through to the back)

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5. True

6. the infant is being adopted

the infant is deceased

the infant is in the care of Children's Services

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