

UTMB RESPIRATORY CARE SERVICES POLICY - Authorization for Arterial Puncture	Policy 7.1.12 Page 1 of 1
Authorization for Arterial Puncture <p style="text-align: right;">Formulated: 10/79</p>	Effective: 06/01/97 Revised: 06/26/19 Reviewed: 08/14/23

Authorization for Arterial Puncture

Purpose	The purpose of the authorization for arterial puncture is to ensure 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	<p>Approved staff members will begin performing arterial blood samples under the following circumstances:</p> <ul style="list-style-type: none"> • The staff member has been inserviced and has completed the certifying examination for the procedure. • Arterial punctures will be confined to the radial artery. • An order exists in the medical record requesting an arterial puncture. <p>Credentialing Procedure:</p> <ul style="list-style-type: none"> • Satisfactory completion of the certifying examination • Performance of a minimum of 3 samplings under the direct supervision of a Team Leader, Clinical Educator, or a previously credentialed Respiratory Therapist. • Completion of the credentialing procedure will be verified by the supervisor, clinical educator, manager, or appointed designee. <p>All Respiratory Therapists must be recertified every year by:</p> <ul style="list-style-type: none"> • Retaking the certifying exam • Performing one arterial puncture under direct observation by an authorized staff member.
