

UMCHS WIC Program
HEMOGLOBIN TEST PROCEDURE

1. Wash your hands. Put on disposable gloves to prevent contact with blood borne pathogens. Use a new pair of gloves EACH time this procedure is done. Wear the disposable gloves throughout the procedure. Do not take them off to put on band-aids.
2. Prepare your equipment. Unwrap a band-aid and lay the band-aid, a Hemocue HB 201 microcuvette, a lancet and cellulose swab on a disposable paper towel. Tightly close the bottle of Hemocue HB 201 microcuvettes after removing one and always check the expiration date on the microcuvette bottle before using them to perform a test. Make sure the cuvette holder of the Hemoglobin HB 201+ machine is in its loading position. The display of the hemoglobin machine will show three flashing dashes.
3. Ask the woman or parents/guardians of infants and children for permission to do the test. Explain why you are doing the test in simple terms and how it will be done. For example, “this test tells us if blood has enough iron in it. I will take a few drops of blood from the finger. We will discuss the results.”
4. Ask parents/guardians to hold infants and small children in their laps. If necessary, ask parents to firmly hold the child’s arms or legs.
5. Select a site for the blood sample, usually the side of the tip of the middle or fourth (ring) finger or, for an infant, the side of the tip of the big toe. If needed, warm the hands or feet by rubbing them together or between your own hands to help improve blood flow.
6. Moisten the cellulose swab with alcohol and clean the site to be tested. Let the alcohol evaporate or wipe it with a dry cellulose swab.
7. Using your thumb, lightly press the finger or toe from the top of the knuckle toward the tip. This stimulates blood flow toward the sampling point. Hold the finger or toe firmly and quickly puncture the site with the sterile lancet. Drop the used lancet into an impervious (Sharps) container with a tight-fitting lid. This type of container is leak proof and cannot be punctured by sharp objects.
8. Wipe away the first two drops of blood. When the third drop is large enough to fill a microcuvette, touch the tip of the microcuvette to the blood to draw the blood up into the microcuvette in one continuous process. Do not refill.
9. Have the WIC client or the parent/guardian of WIC client firmly hold a dry cotton ball or cellulose swab on the puncture site for minute or two to stop the bleeding. Place a band-aid on the puncture site.
10. Wipe off excess blood from the outside of the microcuvette with a clean, dry cellulose swab,

being careful not to touch the open end of the microcuvette.

11. Look for air bubbles in the filled microcuvette. If present, discard the microcuvette and obtain a new sample. Small bubbles around the edge can be ignored.
12. Place the filled microcuvette in the cuvette holder and push the cuvette holder in to its measuring position. This must be done within 10 minutes of filling the microcuvette. During the measurement an hourglass with show on the display of the Hemocue machine.
13. Results are displayed on the Hemocue machine within 15-60 seconds. Record the results on in the client's TWIST file and on their WIC ID card. Interpret the results for the WIC client or their parent/guardian.
14. Place the used microcuvette in the Sharps container.
15. Hold used cellulose swab and paper towel in a gloved hand. Take off one glove at a time, turning gloves inside out as they are taken off. Place gloves in a lined, covered trash can or seal inside a baggie.
16. Wash your hands with soap and warm, running water.
17. Please refer to Oregon State WIC program policy 625 for guidelines as to when to perform hemoglobin checks. If hemoglobin is low, please also refer to UMCHS WIC program policy *Guidelines for Counseling by Risk Factor*.