

NURSING SERVICE  
LABOR AND DELIVERY

POLICY TITLE:           **CORD BLOOD AND Cord Gas Labwork**

POLICY:                   **6190-35**

Cord blood will be obtained on all neonates and stored in the Lab for 30 days, for requested labwork and positive infant identification.

EQUIPMENT:            AS NEEDED

QUALIFIED PERSONNEL:    NURSING PERSONNEL  
                                  Scrub Tech

PROCEDURE:

- a.     Routine cord blood is obtained.  
      Label: To be done at the bedside to include:
  - Baby Name
  - Medical Record Number, Account Number
  - Pediatrician
  - Date and time of delivery
  - Boy or Girlb. If mother has a positive blood type, put cord blood for storagein computer and  
          on specimen sheet to lab.
- c.     If mother has a negative blood type, put cord blood for evaluation in computer and on specimen sheet to Lab.
- d.     Rhogam - ordered by the physician for RH negative mothers whose babies are RH+. Request for Rhogam is done through computer order entry, the Laboratory does the type and crossmatch for Rhogam and notifies the floor when it is ready to be administered.

PROCEDURE II:           **ASSISTING WITH UMBILICAL CORD BLOOD SAMPLING**

EQUIPMENT: BLOOD GAS SYRINGE  
HEPARINIZED CAPILLARY TUBE  
CAPILLARY TUBE SEALANT  
GLOVES

QUALIFIED PERSONNEL: Nursing Personnel  
Scrub Techs

PROCEDURE:

1. Place syringe in a bag of ice. Making sure the needle has been removed and replaced with the cap.
2. Label at the bedside using mother's label with date and time of collection, initials of person collecting and "cord gas".
3. Enter order into CRT. All cord gas specimens should be ordered as "cord gas" not "cord PH"
4. Take specimen to Lab as soon as possible, handing the specimen to laboratory personnel. Specimen should never be left on the lab receiving counter.

EFFECTIVE DATE: March, 1974

REVISION DATES: 6/23/75 7/19/77 12/28/79 8/12/81

1/3/85

2/2/88 10/25/90 2/14/94 2/22/95

6/7/96 1/26/07 7/18/1 10/29/14

REVIEW DATES: 2/9/86 3/3/87 3/21/89 2/13/92

5/6/99 11/18/02 4/7/05

APPROVED BY: \_\_\_\_\_  
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