

Hard to Bleed Process

1	Adherence to NHS blood taking guidance - phlebotomists adhere to all NHS blood taking guidance to ensure the best chance of success when attempting to bleed: • Good Hydration - Dehydration: Low water intake decreases blood volume, making veins flat, soft, and prone to collapsing. Ensure patients have access to fluids whilst waiting, advice given in advance to hydrate. • Body Temperature - Cold skin causes blood vessels to shrink, making veins much harder to locate and access. Ensure the clinical/ waiting area environment is kept warm and patients have time to warm up in cold weather – don't be in a hurry to bleed patients who are cold let them warm up. • Vein health: Fragile walls, deep placement, rolling movement, or heavy scar tissue from past procedures hinder proper entry. • Patients often know where blood is best taken from – always ask and listen to the patient, if possible, follow the recommendation of the patient or inform the patient if that is not possible.
2	Urgent Patients • Urgent patients are outside the scope of this pathway and must be managed in accordance with existing urgent blood testing arrangements.
3	First appointment at GP Practice • A phlebotomist may make up to two attempts to obtain a blood sample during the appointment. • If unsuccessful, the GP practice should arrange a second appointment at least five working days later.
4	Second appointment at GP Practice • A phlebotomist may make up to two further attempts to obtain a blood sample. • If the blood sample is still unsuccessful, the practice must refer the patient to the Hard to Bleed Service at the Blood Taking Unit (BTU). • The referring clinician must ensure that the Hard to Bleed referral field is selected within the Referrals tab on ICE. (Insert screenshot once available.) • The practice should advise the patient to book an appointment directly with the BTU and provide instructions on how to do so.
5	Reporting • Reports on Hard to Bleed referrals from GP practices should be generated from ICE at a frequency agreed by the ICB.

Update on hard to bleed patients (27 October 2026)

Definition still being finalised for children, adult definition based on UHN guidance.

Patients who are hard to bleed will be referred by completing the appropriate ICE referral form, detailing previous attempts and any known issues as to why the patient is hard to bleed (i.e. intravenous drug user). The referring clinician will book the patient for an appointment via a UHN-provided booking platform.

Under 12s

Parents / carers of patients aged under 12 who require a blood test will be provided with a referral form and details of where they can have their blood taken and how to book. Digital and non-digital means of booking must be available.