

Needles and Nuance:

Evaluation of Blood Sample Completion Rates and Support Strategies Among Inpatients with Learning Disability

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99.49%

194 of 195 requests completed

81.96%

159 of 194 at the first appointment

10 / 12

patients (83.33%) had a completed blood test

Background and aim

Blood sampling supports physical health monitoring and medication safety. Communication difficulties, sensory sensitivities, needle phobia, trauma and behaviours that challenge can make venepuncture difficult.

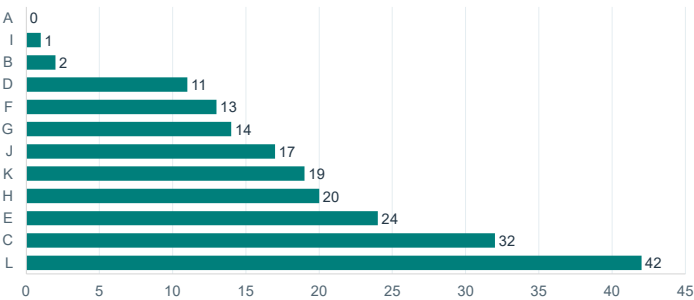
This evaluation examined completion rates, delays, unsuccessful attempts and reasonable adjustments in a low secure learning disability inpatient service.

Methods

Retrospective review of electronic patient records for all 12 patients admitted during 1 October 2024 to 30 September 2025.

Extracted request and completion dates, appointments, unsuccessful attempts, reasons and support strategies. Analysis used Excel. No patient identifiable information was collected.

Figure 1. Requests per patient



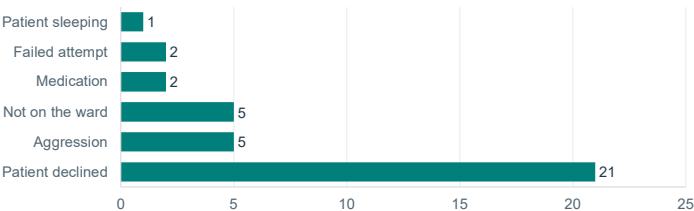
Number of requests (total = 195). Letters are anonymised patient codes.

Reasonable adjustments used

Familiar staff supported patients. Easy-read materials and social stories aided preparation. Desensitization and distraction techniques supported venipuncture. Best-interests decision making and escalation planning were used where required.

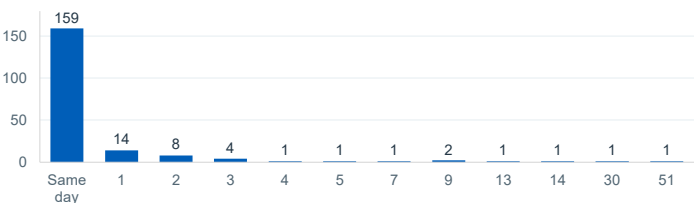
Patient-level context: 2/12 patients (16.67%) had no completed blood tests. One had no requests and one had a single unsuccessful request.

Figure 2. Reasons for unsuccessful attempts



Analysis was restricted to the first unsuccessful attempt (N = 36). Multiple reasons were retained. Patient declined: 58.33%, aggression and absence: 13.89% each, medication and failed attempt: 5.56% each, sleeping: 2.78%.

Figure 3. Time to completion



Days from request. Counts shown, denominator = 195 requests. 159/195 (81.54%) completed the same day. One request remained incomplete. Completion ranged from the same day to 51 days.

Table 1. Appointments before completion

Appointments	Requests	% of 194
1	159	81.96
2	25	12.89
3	4	2.06
4	2	1.03
5	3	1.55
7	1	0.52

184/194 (94.85%) completed by appointment 2. Overall: 194/195 completed (99.49%), 1/195 incomplete (0.51%).

Conclusion and clinical implications

High completion rates were achieved alongside individualized, flexible and compassionate support. Patient centered planning can support equitable access to physical health monitoring. Complex trauma and behaviours that challenge may require consideration of pharmacological support or specialist settings.