Lab Dept: Chemistry

Test Name: VENOUS BLOOD GAS (VBG)

General Information

Lab Order Codes: VBG

Synonyms: Venous blood gas

CPT Codes: 82803 - Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3

(including calculated O2 saturation)

Test Includes: VpH (no units), VpCO2 and VpO2 measured in mmHg, VsO2 and

VO2AD measured in %, HCO3 and BE measured in mmol/L,

Temperature (degrees C) and ST (specimen type)

Logistics

Test Indications: Useful for evaluating oxygen and carbon dioxide gas exchange;

respiratory function, including hypoxia; and acid/base balance. It is also useful in assessment of asthma; chronic obstructive pulmonary disease and other types of lung disease; embolism, including fat embolism; and

coronary artery disease.

Lab Testing Sections: Chemistry

Phone Numbers: MIN Lab: 612-813-6280

STP Lab: 651-220-6550

Test Availability: Daily, 24 hours

Turnaround Time: 30 minutes

Special Instructions: See Collection and Patient Preparation

Specimen

Specimen Type: Whole blood

Container: Preferred: Sims Portex® syringe (PB151) or Smooth-E syringe (956-

463)

Draw Volume: 0.4 mL (Minimum: 0.2 mL) blood

Note: Submission of 0.2 mL of blood does not allow for repeat analysis.

Processed Volume: 0.2 mL blood per analysis

Collection: Avoid using a tourniquet. Anaerobically collect blood into a heparinized

blood gas syringe (See <u>Container</u>. Once the puncture has been performed or the line specimen drawn, **immediately** remove all air from the syringe. Demove the pendle container.

the syringe. Remove the needle, cap tightly and gently mix. **Do not expose the specimen to air**. Forward the specimen immediately at

ambient temperature. Specimens cannot be stored.

Note: When drawing from an indwelling catheter, the line must be

thoroughly flushed with blood before drawing the sample.

Special Processing: Lab Staff: Deliver the specimen to the blood gas testing station. Testing

must be completed within 30 minutes of collection or the sample should be immersed in an ice bath as soon as possible for delayed processing.

Patient Preparation: The patient should be in a relaxed and steady state. Anxiety or

hyperventilation will affect results.

Sample Rejection: Clotted sample; mislabeled or unlabeled sample; sample containing air

Interpretive

Reference Range:

VO2 Saturation:	~75%
VpO2:	30 - 50 mm Hg
VpCO2:	40 – 52 mm Hg
VpH:	7.31 – 7.41
HCO3:	22 – 27 mEq/L
Base Excess (BE):	
Newborn (0-7 days):	-10 to -2 mmol/L
Infant (1 week-1 year):	-7 to -1 mmol/L
Child (1-16 years):	-4 to +2 mmol/L
Adult (>16 years):	-3 to +3 mmol/L

Critical Values: VpCO2: <15 or >70 mm Hg

VpH: <7.2 or >7.6

Limitations: N/A

Methodology: Ion-Selective Electrode, HCO3 and BE by calculation

References: Tietz, Norbert (1999) Clinical Guide to Laboratory Tests, 3rd edition, WB

Saunders Co

ABL800 FLEX Operator's Manual from software version 6.00,

Publication: 201410, Edition: E, Code number: 994-909,

www.radiometer.com

Jacobs & DeMott Laboratory Test Handbook (2001) Lexi-Comp, Inc,

Hudson, OH, 5th Edition

ABL90 Flex Operator's Manual – from software Version 3.1xx

Publication 201403 Edition H Code: 995-656

Update: 7/14/2005: Added clarification on draw volume for repeat analysis.

6/11/2018: Updated references