**Technical note**

Effects of sample storage time, temperature and syringe type on blood gas tensions in samples with high oxygen partial pressures

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Abstract

**Background** — Although plastic arterial sampling syringes are now commonly used, the effects of sample storage time and temperature on blood gas tensions are poorly described for samples with a high oxygen partial pressure (Pao₂) taken with these high density polypropylene syringes.

**Methods** — Two ml samples of tonometered whole blood (Pao₂ 86·7 kPa, Paco₂ 4·27 kPa) were placed in glass syringes and in three brands of plastic blood gas syringes. The syringes were placed either at room temperature or in iced water and blood gas analysis was performed at baseline and after 5, 10, 20, 40, 60, 90, and 120 minutes.

**Results** — In the first 10 minutes measured Pao₂, in plastic syringes at room temperature fell by an average of 1·21 kPa/min; placing the sample on ice reduced the rate of Pao₂ decline to 0·19 kPa/min. The rate of fall of Pao₂ in glass at room temperature was 0·49 kPa/min. The changes in Paco₂ were less dramatic and at room temperature averaged increases of 0·47 kPa for plastic syringes and 0·71 kPa for glass syringes over the entire two hour period. These changes in gas tension for plastic syringes would lead to an overestimation of pulmonary shunt measured by the 100% oxygen technique of 0·6% for each minute left at room temperature before analysis.

**Conclusions** — Glass syringes are superior to plastic syringes in preserving samples with a high Pao₂, and prompt and adequate cooling of such samples is essential for accurate blood gas analysis.

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There are several theoretical reasons why arterial blood gas tensions may change significantly if there is a time delay between taking the sample and its analysis. As well as the possibility of gases diffusing through the walls of the syringe, the living cells within the sample continue to metabolise oxygen and produce carbon dioxide, thereby reducing the Pao₂ and raising the Paco₂. For this reason, arterial blood gas samples are conventionally stored in iced water to slow metabolism and reduce this effect if there is to be any delay before analysis.

When dealing with arterial samples with high oxygen partial pressures (such as with the 100% oxygen technique for estimating shunt fraction) these effects may be substantially increased. At high arterial Pao₂ the pressure gradient across the syringe wall is substantially increased, so the potential error introduced by the diffusion effect is increased. Furthermore, since haemoglobin is fully saturated at these high levels of Pao₂, any change in oxygen content has a profound effect on Pao₂ because of the relatively low solubility of oxygen in plasma. The effect of cell metabolism on Pao₂ is therefore likely to be enhanced, leading to a more profound measurement error than when dealing with the typical “room air” arterial sample.

Earlier studies have documented changes in blood gases in samples stored in glass, and have compared conventional plastic syringes (usually polypropylene) with glass syringes. More recently, high density polypropylene syringes have been marketed specifically for blood gas analysis. These syringes are claimed to have superior diffusion characteristics over general purpose plastic syringes but published data evaluating them, especially at high levels of Pao₂, are scarce. This study was undertaken to document the performance of three types of high density plastic syringes in terms of their ability to preserve blood gas tensions in samples with a high Pao₂, and to compare them with glass syringes.

**Methods**

Heparinised fresh whole blood (Hb: 15·3 g/dl, WCC: 6·5 × 10⁹/l, RCC: 5·2 × 10¹²/l) was exposed to hyperoxic gas (95% O₂, 5% CO₂) in a rotating vessel type tonometer (Instrumentation Laboratories model 237) at 37°C for at least 20 minutes. Samples of 2 ml each were drawn into six glass syringes and six each of three types of plastic blood gas syringes (Marquest “Quik”, Terumo “Freza-Pak II” and
Blood gases in hyperoxic samples

I of mean measurements averaged 0.08 kPa PaCO₂ for standard figures and in icedature. The magnitude of carbon dioxide tensions tended to increase with different syringes on 01 ml. The average change in PaCO₂ for the four types tested was 1.21 kPa (9.1 mm Hg)/min in plastic, and 0.49 kPa (3.7 mm Hg)/min in glass. This contrasts with other published work dealing with samples of a lower PaO₂ where no clinically significant changes in PaO₂ were observed after 30 minutes at room temperature in plastic.

Discussion
This study shows that when samples with a high PaO₂ are left at room temperature the oxygen tension falls rapidly in all syringe types tested. In the first 10 minutes the average rate of fall was 1.21 kPa (9.1 mm Hg)/min in plastic, and 0.49 kPa (3.7 mm Hg)/min in glass. These changes in PaO₂ are of particular importance when estimating shunt by the 100% oxygen technique. Figure 3 shows how a normal shunt of 1.9% can be overestimated and fall into the abnormal range (>5%) after a delay of as little as five minutes at room temperature in a plastic syringe. On average, for each minute delay between sampling and analysis the shunt value is overestimated by 0.6% when using plastic syringes.

As expected, the observed changes in PaO₂ with time are substantially reduced when the sample is placed in iced water. The average rate of decline in plastic syringes in the first 10 minutes is reduced from 1.21 kPa/min...
Figure 3  Calculated intrapulmonary shunt for syringe storage times up to 40 minutes. Values for partial pressures shown in figs 1 and 2 were used to calculate shunt and, for clarity, all values were corrected to the same initial shunt value.

9-1 mm Hg/min) at room temperature to 0-19 kPa/min (1-4 mm Hg/min) on ice. The corresponding effect on calculated shunt is likewise substantially reduced: the delay period required to erroneously interpret a 1-9% shunt as being abnormal is increased from five minutes to approximately 60 minutes.

Arterial samples for blood gas analysis have traditionally been taken with glass syringes which are impermeable to atmospheric gases. Oxygen and carbon dioxide do not diffuse through the walls of these syringes, so changes with time in tensions of these gases in plasma or water stored in glass syringes are minimal. Changes in gas tensions observed in whole blood in glass therefore reflect cellular metabolism. Our results for whole blood in glass syringes show that Pao2 declines at an average rate of 0-044 kPa/min (0-33 mm Hg/min) on ice (similar to the value of 0-047 kPa/min reported by Restall et al2), and at an average rate of 0-18 kPa/min (1-37 mm Hg/min) at 22°C.

The magnitude of the effect of diffusion through the walls of the plastic syringes can be estimated by assuming that the differences observed between plastic and glass result from this diffusion effect only. In the first 10 minutes at room temperature the mean fall in Pao2 observed in plastic was 12-1 kPa (91 mm Hg), 4-9 kPa (37 mm Hg) of which was due to metabolism and 7-2 kPa (54 mm Hg) to diffusion.

Assuming that haemoglobin remains fully saturated and that changes in total oxygen content are therefore due to changes in dissolved oxygen only, the observed changes in Pao2 were used to calculate the oxygen consumption of our blood samples. At 22°C the oxygen consumption was 55 ml/ml blood/min, and this reduced to 12 ml/ml blood/min when placed in iced water. This is again comparable to Restall's value of 10 ml/ml blood/min on ice. These figures illustrate that icing the sample does not completely stop metabolism but that it slows it by a factor of four to five.

Although the three types of plastic syringes showed similar changes in the first 10 minutes, there were large differences in the rates of fall in Pao2, subsequently. This is likely to reflect differences in the diffusion characteristics of the syringe walls.

The changes in Paco2 were far less dramatic than those of Pao2 and averaged a rise of 0-47 kPa (3-5 mm Hg) over two hours for plastic syringes left at room temperature. The glass syringes showed the highest average Paco2 rise (0-71 kPa (5-3 mm Hg) over two hours), probably because, unlike plastic syringes, they do not allow diffusion of carbon dioxide through the syringe walls. The finding that the net change in plastic was an increase in Paco2 suggests that at these partial pressures the metabolism effect is larger than the diffusion effect.

This study shows that glass syringes are clearly superior to the plastic syringes studied in preserving Pao2 in blood samples with a high Pao2 and should be the syringe of choice when accurate Pao2 measurements are required. Furthermore, Pao2 in such samples showed rapid falls at room temperature for all syringe types including glass. Storage in iced water substantially reduced these errors, suggesting that such samples should always be iced and analysed as soon as possible. Storage of plastic syringes at room temperature for even short periods can result in large errors in calculated shunt fraction.