

THERAPEUTIC PHLEBOTOMY ORDER

Form 12697 9/25/23

AUTHORIZATION IS GRANTED TO DISPENSE AND ADMINISTER AN ALTERNATE DRUG PRODUCT ACCEPTABLE TO THE MEDICAL STAFF'S PHARMACY COMMITTEE UNLESS THE DRUG PRODUCT IS SPECIFICALLY CIRCLED

 Duration: One-time order Recurring order: **Frequency** _____ **Duration:** _____ (max of 12 months).

Diagnosis (Required):

ICD-10 Code (Required):

Lab Orders (per provider):

-
- Labs to be drawn every _____ week(s).
-
-
- CBC
-
- Ferritin
-
- Iron
-
- Transferrin
-
-
- Transferrin Saturation
-
- TIBC

 Additional labs: _____

Laboratory results should be from within the following time parameters:

1. New patient – within 30 days
2. Weekly treatments – within 48 hours
3. Every 2-week treatments – within 96 hours
4. Monthly (or greater) – within 7 days

HOLD treatment if:

Hematocrit is less than _____

Allergies/Reactions:

TREATMENT
DOSE
INSTRUCTIONS
Phlebotomy

-
- 500 mL* (Maximum amount removed per treatment)
-
-
-
- _____ mL*
-
- (* approximate volume collected)

Remove prescribed volume of whole blood as therapeutic intervention for diagnosis indicated above.

Hydration

-
- No IV fluid replacement
-
-
- Administer 0.9% sodium chloride 250 mL bolus over 30 minutes immediately
- prior to**
- phlebotomy
-
-
- Administer 0.9% sodium chloride 250 mL bolus over 30 minutes immediately
- following**
- phlebotomy
-
-
- Instruct patient to drink _____ mL of fluid prior to discharge

IF PATIENT HAS A HYPERSENSITIVITY REACTION, BEGIN HYPERSENSITIVITY PROTOCOL
ADDITIONAL ORDERS

Vital signs at baseline, when phlebotomy complete, and 30 minutes after completion.

Discontinue IV upon completion of treatment, flush order per protocol.

The provider's full signature(s) is to follow the order

Patient Name: _____

PROVIDER SIGNATURE

DATE

TIME

Date of Birth: ____/____/____

PRINTED NAME: _____

THERAPEUTIC PHLEBOTOMY ORDER – OUTPATIENT INFUSION CLINIC