



Therapeutic Phlebotomy Order

Patient Name: _____

Allergies: _____

Date of Birth: _____

Height: _____

Weight: _____

Diagnosis:

- Hereditary Hemachromatosis Polycythemia, Primary Non Hereditary Hemachromatosis
 Polycythemia, Secondary Other: _____

Vitals:

Baseline T, HR, RR, BP, SpO2 prior to initiation of procedure and immediately post procedure.

Monitoring:

Monitor for adverse reaction

Lab Orders:

Frequency of lab draw: _____

Please provide parameters for the following: Hgb _____ Hct _____

Draw Hgb/Hct post phlebotomy

Phlebotomy Orders:

Volume to be removed:

Frequency:

- Whole Unit (500mL) Every 2 weeks
 Half Unit (250mL) Monthly (every 4 weeks)
 Other: _____ Other: _____

Fluid Replacement:

- Administer 0.9% Sodium Chloride 250 mL bolus immediately following phlebotomy
 Administer 0.9% Sodium Chloride 500 mL bolus immediately following phlebotomy
 Administer _____ for B/P less than _____

Patients will be discharged home after treatment is complete and vitals are stable unless ordered otherwise.

Ordering Physician Name

Contact Phone Number

Date

Time

Ordering Physician Signature