

GENERIC SUBSTITUTE UNLESS CHECKED

ORDERS ARE IN EFFECT UNLESS CROSSED OUT.

**Exceptions: Orders preceded by a box (☐) require a ✓ to initiate order.
Orders with blanks indicate additional information is needed.**

***Patient name:** _____ ***DOB:** _____

***Date** _____
***Diagnosis:** E83.110 Hereditary Hemochromatosis E83.119 Hemochromatosis unspecified
 D45.0 Polycythemia Vera D57.1 Sickle Disease Other (specify) _____

***Time** _____
Allergies: _____

Guidelines for ordering:

- Send face sheet and H&P or most recent chart note.
- Labs (H&H or CBC) must be drawn within 14 days before phlebotomy.
- Ferritin must be drawn within 90 days before phlebotomy: If phlebotomy parameters are based on ferritin level, H/H results and parameters must be ordered at each visit to rule out anemia.

Labs

- Hemoglobin and hematacrit, routine, ONCE, every visit
- Ferritin (serum), routine, ONCE, every _____ visit days weeks months (check one)

Nursing orders

- Vital signs: Pre-phlebotomy and vital signs before discharge.
- Treatment parameters: Perform a phlebotomy if:
 - Hgb is greater than or equal to: _____ mg/dL **OR** Hct is greater than or equal to: _____ %
 - Ferritin goal is: _____
- Treatment parameters: Notify provider if vital signs abnormal.
- Discharge 30 minutes after phlebotomy complete and after vital signs are completed and within normal limits.
- Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase) and/or dressing changes.

Therapeutic phlebotomy

- Phlebotomize _____ mL of blood as directed (no more than 500 mL at one time).
- Interval (must check one): Once Weekly Every other week Once monthly

As needed medications

- Sodium chloride (NS) 0.9% bolus, 1000 mL, intravenous, AS NEEDED x 1 dose, if after phlebotomy standing SBP drops by greater than or equal to 20 points from reclined SBP OR standing DBP drops by greater than or equal to 10 points from reclined DBP and symptomatic (pallor, diaphoresis, nausea, dizziness, fainting). Contact if additional orders needed.

***Physician signature** ***Date** ***Time**

***Denotes field that must be completed by healthcare worker**

FAX order form to 503-815-7515



Physician Order

Physician Order:
Therapeutic Phlebotomy
Adventist Health Tillamook
1000 Third St., Tillamook OR 97141

{ Patient label }