

Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

Patient name: _____ DOB: _____

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare)

Diagnosis: _____

Review: Every 358 days

Orders

	Interval	Defer Until	Duration
Labs			
☒ Hemoglobin and hematocrit, blood Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine	Every visit		Until discontinued
☒ Ferritin Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine	Every visit		Until discontinued
☐ CBC and differential Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine	Every visit		Until discontinued
☐ Iron Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine	Every visit		Until discontinued

Nursing Orders

☒ Nursing communication Routine, Once Starting when released Intended frequency of phlebotomy: *** Remove 500 ml whole blood if hematocrit GREATER THAN *** %. Discharge 30 minutes after phlebotomy complete and after orthostatic vital signs are completed. Clinic Performed	Every visit		Until discontinued
☒ Nursing communication Until discontinued Starting when released Until Specified Obtain vitals pre-procedure, post-procedure and as needed. Notify provider if: Heart Rate is greater than ***. Blood Pressure less than ***.	Every visit		Until discontinued

Procedure

☒ Insert peripheral IV Until discontinued Starting when released Until Specified Remove prior to discharge	Every visit		Until discontinued
☒ Phlebotomy therapeutic	Every visit		Until discontinued

	Interval	Defer Until	Duration
Routine, Once Starting when released			
Hydration			
☒ sodium chloride 0.9 % bolus	Every visit		Until discontinued
500 mL, intravenous, Administer over: 30 Minutes, Once as needed, hypotension, Until Discontinued 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).			
Appointment Requests			
☒ Infusion Appointment Request	Once		1 treatment
Status: Future, Expected: S, Expires: S+365, Sched. Duration: 90 minutes, Sched. Tolerance: No date restriction Therapeutic phlebotomy.			
☒ Nursing communication	Every visit		Until discontinued
Until discontinued Starting when released Until Specified Update the interval for subsequent appointment requests to match intended frequency of phlebotomy to ensure appointment requests are sent to schedulers.			
☒ Infusion Appointment Request	Every visit		Until discontinued
Status: Future, Expected: S, Expires: S+365, Sched. Duration: 90 minutes, Sched. Tolerance: No date restriction Therapeutic phlebotomy.			

*Provider signature

Provider printed name

*Date

Time

*Provider phone#

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