Physician's Orders
THERAPEUTIC PHLEBOTOMY - ADULT, OUTPATIENT, INFUSION CENTER
Page 1 of 2

Defaults for orders not otherwise specified below:

- Interval: Every visit
- Interval: Every 7 days
- Interval: Every 14 days
- Interval: Every 28 days
- Interval: Every _____ days

Duration:

- Until date: __________
- 1 year
- _____ # of Treatments

Anticipated Infusion Date ____________ ICD 10 Code with Description ____________

Height ________ (cm) Weight ________ (kg) Allergies ____________

Provider Specialty

☐ Allergy/Immunology ☐ Infectious Disease ☐ OB/GYN ☐ Rheumatology
☐ Cardiology ☐ Internal Med/Family Practice ☐ Other ☐ Surgery
☐ Gastroenterology ☐ Nephrology ☐ Otolaryngology ☐ Urology
☐ Genetics ☐ Neurology ☐ Pulmonary ☐ Wound Care

Site of Service

☐ SH Gerber ☐ SH Lemmen Holton (GR) ☐ SH Pennock ☐ SH United Memorial
☐ SH Helen DeVos (GR) ☐ SH Ludington ☐ SH Reed City ☐ SH Zeeland

Appointment Requests

☑ Infusion Appointment Request

Status: Future, Expected: S, Expires: S+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Therapeutic phlebotomy procedure. Refer to therapy plan content to confirm appropriate scheduling intervals.

Provider Reminder

☑ ONC PROVIDER REMINDER 2

Confirm that the appropriate informed consents have been signed and are located in the medical record.

Pre-Procedure Labs

☑ ONC NURSING COMMUNICATION 12

Per Policy: Consider a Hemoglobin / Hematocrit prior to procedure if there are no CBC results within 7 days of planned procedure. If the Hgb is less than or equal to 12 g/dL, a call to the physician for clarification is required. For BMT Patients: For the first therapeutic phlebotomy treatment, as long as the CBC and Ferritin labs have been resulted in the last 30 days, there is no need to repeat labs. For all subsequent treatments, the labs must be drawn the day of the procedure prior to phlebotomy. For BMT patients if Hgb is less than or equal to 10 g/dL, a call to the provider for clarification is required.

☐ Complete Blood Count without Differential

Status: Future, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous

☐ Ferritin, Blood Level

Status: Future, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous

☐ Hemoglobin + Hematocrit (H+H)


☐ Other Labs:


Nursing Orders

☑ ONC NURSING COMMUNICATION 100

May Initiate IV Catheter Patency Adult Protocol

CONTINUED ON PAGE 2 ➤
Vitals

☑ Vital Signs
Routine, PRN, Starting S For Until specified, Obtain baseline vital signs. Recheck vital signs after phlebotomy complete and prior to discharge.

Treatment Parameters

☑ ONC MONITORING AND HOLD PARAMETERS 3
BMT Patients: May proceed with phlebotomy if hemoglobin (Hgb) greater than 10 g/dL and ferritin greater than 400 mcg/L.
Other Patients (see policy): May proceed with phlebotomy if hemoglobin (Hgb) greater than 12 g/dL.

☑ ONC MONITORING AND HOLD PARAMETERS 14
Therapeutic phlebotomy should be continued until patient reached a goal level set by provider. Contact provider if Hgb is less than ______ mg/dL or if ferritin is less than ______ mcg/L, before proceeding with treatment. Labs should be drawn on the day of the procedure, except with the first treatment.

Safety Parameters and Special Instructions

☑ ONC NURSING COMMUNICATION 14
Hold phlebotomy and notify APP or attending MD if SBP is less than 90 mmHg or DBP is less than 60 mmHg or if SBP or DBP drops more than 20 mmHg. Defer phlebotomy and notify APP or attending MD if the patient has an elevated temperature.

☑ ONC NURSING COMMUNICATION 16
Stop phlebotomy if the patient: loss of consciousness, dizziness, nausea, diaphoresis, hypotension, syncope, pallor, convulsions, cold skin, loss of bowel/bladder control.

Procedure

☑ THERAPEUTIC PHLEBOTOMY
Specify the amount of blood to be removed (mL): _______, Clinic Performed
When would you like the questionnaire to be assigned to the patient?
☐ One week
☐ Two weeks
☐ Four weeks
☐ Eight weeks
☐ Twelve weeks

Medications

☑ sodium chloride 0.9% bolus injection 500 mL
500 mL, Intravenous, for 60 Minutes, PRN, Low Blood Pressure, Starting S, For 1 Doses

☑ lidocaine 1 % injection 1 mL
1 mL, Intravenous, PRN, Other, Comfort at IV site, Starting S

☑ lidocaine 1 % injection 1 mL
1 mL, Intravenous, Once, Starting S, For 1 Doses

Post-Procedure

☑ ONC NURSING COMMUNICATION 16
RECHECK VITAL SIGNS AFTER PHLEBOTOMY AND PRIOR TO DISCHARGE: Notify provider if baseline blood pressure has changed, dizziness, nausea, mild diaphoresis.

☑ ONC NURSING COMMUNICATION 19
POST-PHLEBOTOMY DISCHARGE INSTRUCTIONS should be provided to patient.

Telephone order/Verbal order documented and read-back completed. Practitioner’s initials ____________

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

EPIC VERSION DATE: 07-16-20