

Therapeutic Phlebotomy Order Set (Adult)

Diagnosis: Hemochromatosis Porphyria Cutanea Tarda Polycythemia Vera
 Other: _____

Allergies: NKA or _____

Measured Height _____ cm Measured Weight _____ kg BSA _____ m²

Implement this order set x _____ weeks of therapy

Consent: Ensure consent for therapeutic phlebotomy has been obtained prior to initiation

Vitals

Baseline T, HR, RR, BP, SpO₂ prior to initiation of procedure

T, HR, RR, BP, SpO₂ immediately post procedure then, q15 minutes x2

Monitoring

Monitor for adverse reactions such as nausea, shortness of breath, chest pain and orthostatic hypotension

Lab Investigations

Lab investigations to be drawn every _____ weeks as an out-patient

CBC Ferritin Iron Transferrin Transferrin Saturation TIBC

Additional Labs: _____

Phlebotomy

Initiate Saline Lock (preferably 18 - 20 g in antecubital fossa) only if IV fluid replacement is ordered

Perform therapeutic phlebotomy. Remove _____ mL of whole blood (250 – 500 mL as tolerated)

Frequency: Once every _____ week(s) if: Hgb greater than 120 g/L **OR** _____

Hct greater than 0.45 **OR** _____

Ferritin greater than 50 mcg/L **OR** _____

Discontinue treatment for any adverse reactions, document amount of blood removed and notify MD

Other: _____

IV Therapy

No IV fluid replacement

Administer 0.9% NaCl 250 mL bolus immediately following phlebotomy

Administer 0.9% NaCl 500 mL bolus immediately following phlebotomy

Discharge

Instruct patient to drink _____ mL of fluid prior to discharge

Discontinue Saline Lock at discharge if applicable

Additional Orders

_____ Physician/Practitioner Signature	_____ Print Name/Designation	_____ Date	_____ Time
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Transcribed By: _____	Designation _____	Date _____	Time _____
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Checked By: _____	Designation _____	Date _____	Time _____
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Sent to Pharmacy Date _____ Time _____