

Spectrum Physician's Orders **Health** THERAPEUTIC PHLEBOTOMY -**ADULT, OUTPATIENT, INFUSION CENTER**

Patient Name
DOB
MRN
Physician
FIN

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 Tyear # of Treatments		
Anticipated Infusion Date ICD 10 Code with	Description	
Height(kg) Allergie	es	
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
	= 0cca c,	_ 5 200.00
Appointment Requests		
Infusion Appointment Request Status: Future, Expected: S, Expires: S+366, Sched. Toleran Therapeutic phlebotomy procedure. Refer to therapy plan con		
Provider Reminder		
ONC PROVIDER REMINDER 2 Confirm that the appropriate informed consents have been si	gned and are located in the med	dical record.
Pre-Procedure Labs		
ONC NURSING COMMUNICATION 12 Per Policy: Consider a Hemoglobin / Hematocrit prior to produce the Hgb is less than or equal to 12 g/dL, a call to the physicial phlebotomy treatment, as long as the CBC and Ferritin labs. For all subsequent treatments, the labs must be drawn the dath or equal to 10 g/dL, a call to the provider for clarification.	an for clarification is required. For have been resulted in the last 30 ay of the procedure prior to phle	or BMT Patients: For the first therapeutic 0 days, there is no need to repeat labs.
Complete Blood Count without Differential Status: Future, Expires: S+365, URGENT, Clinic Collect, Blo	and Blood Venous	
Ferritin, Blood Level	lou, blood, verious	
Status: Future, Expires: S+365, URGENT, Clinic Collect, Blo	ood, Blood, Venous	
Hemoglobin + Hematocrit (H+H) Status: Future, Expected: S, Expires: S+365, URGENT, Clin	ic Collect Blood Blood Venous	
Other Labs:	,	
Status: Future, Expected: S, Expires: S+365, URGENT, Cli	nic Collect, Blood, Blood, Venou	us
Nursing Orders		

ONC NURSING COMMUNICATION 100 May Initiate IV Catheter Patency Adult Protocol



THERAPEUTIC PHLEBOTOMY ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

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Patient Nan	ne			
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/itals	
	No. 10:
~	Vital Signs
	Routine, PRN, Starting S For Until specified, Obtain baseline vital signs. Recheck vital signs after phlebotomy complete and prior to discharge.
reatment	Parameters
	ONO MONITORINO AND LIGHT BARAMETERS S
~	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 Par	rameters and Special Instructions
alety Fai	ameters and opecial menucions
~	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, plallor, convulsions, cold skin, loss of bowel/bladder control.
✓	ONC SAFETY PARAMETERS AND SPECIAL
	INSTRUCTIONS 6
	EMERGENCY MEASURES - Place in Trendelenberg position, Ensure adequate airway, Re-check vital signs, Apply cold compress to forehead if desired, Instruct patient to breath slowly. Notify APP or attending MD if condition worsens.
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
/ledication	ns
	and it was ablavide 0.00% below injection 500 ml
\checkmark	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
Ľ	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
ost-Proc	edure
	ONC NURSING COMMUNICATION 16
~	DECLIFOR VITAL CIONO AFTER BUILEROTOMY AND BRIOD TO BIOCHARDE MARK and the site of the class of the site of the si
<u>~</u>	RECHECK VITAL SIGNS AFTER PHLEBOTOMY AND PRIOR TO DISCHARGE: Notify provider if baseline blood pressure has changed, dizziness, nausea, mild diaphoresis.

TRANSCRIBED: VALIDATED: ORDERED:
TIME DATE TIME DATE TIME DATE Pager #

Sign R.N. Sign Physician Print Physician

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