Therapeutic Phlebotomy

6955 Foothill Blvd, Suite 67A, Oakland, CA, 94605
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Name: ______________________________

DOB: ______________ Phone: ______________

Gender: ☐ Male ☐ Female

Allergies: ______________________________

DIAGNOSIS (ICD-10 code required):

- ☐ _______ Hemochromatosis
- ☐ _______ Polycythemia Vera
- ☐ _______ Porphyria Cutanea Tarda
- ☐ _______ Other: ____________________

PROVIDER REMINDERS:

- All orders with a ☑ will be placed unless otherwise noted
- Patient must have labs drawn within one week of every therapeutic phlebotomy procedure
- 0.9% NaCl will be administered at a keep vein open rate for mild to moderate symptoms and at 999ml/hr for hypotension of <80mmHg systolic or symptomatic change from baseline

TREATMENT CRITERIA:

Hold Therapeutic Phlebotomy if:

- Patient does not meet lab criteria specified
- Temperature **GREATER THAN** 100 degrees F
- Complains of symptoms of acute viral or bacterial illness

Nursing Considerations:

- Ensure baseline VS & Pulse Ox prior to procedure, immediately post procedure, and every 15 minutes x's 2 prior to discharge
- Collect blood at a rate patient can tolerate, generally over 10-15 minutes
- Ensure oral fluid intake throughout procedure
- Monitor for adverse reaction such as nausea, shortness of breath, chest pain, lightheadedness, diaphoresis, and orthostatic hypotension
- Discontinue treatment for any adverse reaction, document amount of blood removed and notify physician
- Patient must be asymptomatic and vital signs, and pulse ox must be WNL prior to discharge

Procedure

Patient Weight ______kg **(REQUIRED)**

Perform **Therapeutic Phlebotomy**

- ☐ Remove 500mL whole blood as tolerated
- ☐ Remove 250mL whole blood as tolerated
- ☐ Remove _____mL whole blood as tolerated

Frequency & Lab Criteria **(REQUIRED)**

Once every ____weeks(s) if:

Hgb **GREATER THAN** ____________

Hct **GREATER THAN** ____________

Ferritin **GREATER THAN** ____________

IV Therapy

- ☐ No IV fluid replacement
- ☐ Administer 0.9% NaCl 250mL bolus immediately following phlebotomy
- ☐ Administer 0.9% NaCl 500mL bolus immediately following phlebotomy

☐ **IV LINE CARE** per Nursing Policy

Special Instruction(s):

Provider Signature ______________ Date ______________ Email ______________

Printed Name ______________ Phone ______________ Fax ______________

Office Contact ______________ Phone ______________ Email ______________