# 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 anticubital 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

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