



**THERAPEUTIC PHLEBOTOMY (ADULT)
AMBULATORY PROGRAM ORDER SET**

As of January 2022

PATIENT INFORMATION

ALLERGIES: NKA or _____

Provider Name: _____

Diagnosis: _____

Hereditary Hemochromatosis Secondary Hemochromatosis

Polycythemia Vera (Primary) Secondary Erythrocytosis

Porphyria Cutanea Tarda

Therapeutic Phlebotomy Orders

Therapeutic phlebotomy: Remove _____ mL of whole blood (250-500 mL, as tolerated) (No need to wait for lab results prior to initiating phlebotomy unless previous results are close to HOLD parameters)

IF Ferritin greater than 50ug/L or _____ HCT greater than 0.45 or _____

HOLD IF Hgb less than 120 g/L or _____

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

Frequency and Duration

Frequency: One time only Weekly Every ___ weeks Monthly Other _____

Duration: to receive procedure for _____ Weeks Months Until Ferritin less than _____ ug/L

Lab Investigations

Lab investigations to be drawn *prior to* each treatment

CBC

Ferritin

Additional Labs: _____

Nursing Actions

Baseline BP and Pulse prior to and post phlebotomy

Instruct Patient to drink _____ ml prior to discharge

If patient is hypotensive and symptomatic following oral intake administer _____ mL (250ml-500mL) IV NS over 30 minutes.

Review lab results prior to discharging patient. If lab results are close to or below hold parameters, notify physician prior to discharge.

Additional Orders

Update phlebotomy Order Set when target levels are reached or every 12 months

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|---------------------------|--------------|--|
| Date (yyyy/mm/dd): | Time: | Provider Name (please print): Provider Signature: |
| Date (yyyy/mm/dd): | Time: | Transcriber Name (please print): Transcriber Signature: |