

Therapeutic Phlebotomy Adult (Module)

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Key: **Req** – Requisition **MAR** – Medication Administration Record **K** – Kardex **Dis** – Discontinued

Key

Phase

Instructions for completing this order set:

- ☒ Indicates a pre-selected order. To delete a pre-selected order, draw a line through it
- ☐ Must tick the box for order to be implemented. Orders not checked will not be implemented
- ☐ Fill in blank spaces as needed/appropriate
- Indicates an item for consideration by Provider; is NOT an order

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Patient Population:

- Hemochromatosis
- Porphyria Cutanea Tarda
- Polycythemia Vera

Admit/Transfer/Discharge/Status

Discharge Special Instructions

- ☒ Instruct patient to drink 250 mL of fluid prior to discharge
- ☒ Discontinue Saline Lock at discharge
- ☒ Discharge when patient can mobilize without dizziness

Communication Orders

- ☒ Refer to Protocol/Guideline/Standard, Refer to Island Health Procedure "Phlebotomy Ambulatory Care"

Patient Care

MONITORING

- ☒ Vital Signs, ONCE, Obtain baseline Temp, HR, RR, BP and SpO₂ prior to initiation of procedure **THEN** 15 minutes post-procedure and PRN
- ☒ Monitor Closely For, Adverse reactions such as nausea, shortness of breath, chest pain and orthostatic hypotension

Nursing Communication, Cancel phlebotomy procedure for lab results as below:

- ☐ Hemoglobin 120 g/L or less
- ☐ Hematocrit 0.45 L/L or less
- ☐ Ferritin 50 mcg/L or less

Other (specify): _____

Notify Provider

- ☒ If adverse reaction, then discontinue phlebotomy treatment and notify MRP; document amount of blood removed prior to discontinuation
- ☐ If phlebotomy cancelled due to laboratory values out of range, notify MRP
- Provider to select saline lock insert if IV fluid replacement is ordered
- ☐ Saline Lock IV Insert, Change to saline lock post-phlebotomy; utilize for IV fluid replacement if ordered

PHLEBOTOMY

- ☒ Therapeutic Phlebotomy Outpatient, Requested Start Date/Time: _____

Blood Volume (mL): _____

Frequency: ☐ Q1Week ☐ Q2Weeks ☐ Q3Weeks Other: _____

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Signature, Designation

College License #

Date

Time

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EOS – AMB0103Mar2022

Phlebotomy/MD/03-22/v2

Email orderset@viha.ca to provide feedback or report concerns regarding this order set

Original content by Island Health; Clinical review and local adaptation recommended before use at external health authorities

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Laboratory

- Ordering Provider to complete requisition for outpatient labs to be drawn prior to phlebotomy
- Include CBC, iron panel, and ferritin

Continuous Infusions

- ☐ No IV fluid replacement

OR

- ☐ sodium chloride 0.9% IV Bolus, 250 mL, IV, give as bolus immediately following phlebotomy, infuse over 15 minutes

Additional Orders:

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Signature, Designation

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