

Columbus Community Hospital

Columbus, Nebraska

DOCTORS ORDERS

PLEASE NOTE: Condition of Wound, Removal of Stitches, Consultation, Change in Diagnosis, Complications, Condition on Discharge, Instructions of Patient.

PLEASE SIGN AND DATE EACH ENTRY

PLEASE INDICATE / ALLERGIES

NONE	CODEINE	PENICILLIN	SULFA	ASPIRIN	OTHER	HEIGHT
REACTION						WEIGHT

Authorization is granted to supply medications by non-proprietary name unless checked here

**PHYSICIANS ORDERS
(including Medications)**

Therapeutic Phlebotomy

(8/2024)

Page 1 of 2

Diagnosis Code: _____

Treatment Start Date: _____ Patient to follow up with provider on date: _____

****This plan will expire after 365 days at which time a new order will need to be placed****

GUIDELINES FOR ORDERING

1. Send **FACE SHEET** and **H&P** or **most recent chart note**.
2. Labs (H&H or CBC) must be drawn within 30 days prior to phlebotomy.
3. Ferritin must be drawn within 90 days prior to phlebotomy.
 - a. If phlebotomy parameters are based on Ferritin level, H/H results and parameters must be ordered at each visit to rule out anemia

LABS:

- Hemoglobin & Hematocrit, Routine, ONCE, every visit
- Ferritin (serum), routine, ONCE, every _____ (visit)(days)(weeks)(months) – Circle One
- Labs already drawn. Date: _____

NURSING ORDERS:

1. VITAL SIGNS – Pre-phlebotomy and orthostatic vital signs prior to discharge.
2. TREATMENT PARAMETERS:
 - a. Perform phlebotomy if:
 - i. Hgb is greater than or equal to: _____ mg/dL
 - OR**
 - ii. Hct is greater than or equal to: _____ %
 - b. Ferritin goal is: _____
3. TREATMENT PARAMETERS – Notify provider if vital signs abnormal.
4. Discharge 30 minutes after phlebotomy complete and after orthostatic vital signs are completed.
5. No more than 1 unit (500 ml) may be withdrawn without contacting the physician. 1ml of blood weighs 1.06gm.
 - a. A physician will be notified and/or the procedure will be stopped if any of the following adverse reaction occur:
 - Fainting.
 - Significant hypotension (a 10 – 20% decrease from the initial blood pressure and an increase in pulse rate).
 - Initial blood pressure < 100 (normal 120/80).
 - Extremely high BP (systolic > 160).
 - Two unsuccessful attempts at venipuncture.
 - Total volume of blood ordered is not obtained.
 - b. Documentation of phlebotomy will be entered via electronic computer charting.

(cont.)

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PLEASE INDICATE / ALLERGIES

Table with columns: NONE, CODEINE, PENICILLIN, SULFA, ASPIRIN, OTHER, HEIGHT, REACTION, WEIGHT

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PHYSICIANS ORDERS (including Medications)

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Page 2 of 2

THERAPEUTIC PHLEBOTOMY:

- Phlebotomize _____ mL of blood as directed (no more than 500 mL at one time).

AS NEEDED MEDICATIONS:

- 1. Sodium chloride 0.9% bolus, 1000 mL, IV, AS NEEDED x 1 dose, if after phlebotomy standing SBP drops by greater than or equal to 20 mmHg from reclined SBP OR standing DBP drops by greater than or equal to 10 mmHg from reclined DBP and symptomatic (pallor, diaphoresis, nausea, dizziness, fainting). Contact provider if additional orders needed.

My NPI number is _____ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

Provider signature: _____ Date/Time: _____

Printed Name: _____ Phone: _____ Fax: _____

