



attach patient label here

Physician Orders ADULT  
Order Set: Therapeutic Phlebotomy Plan  
Related Order Sets:

[R] = will be ordered  
T= Today; N = Now (date and time ordered)  
Height: \_\_\_\_\_ cm    Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
<b>Patient Care</b>		
<input checked="" type="checkbox"/>	Therapeutic Phlebotomy	T;N, Total Volume to Withdraw: _____ mL, Parameters: _____ Replacement Fluid Instructions: _____ Comment: page Phlebotomy nurse at 418-4155 to schedule
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: Therapeutic Phlebotomy
<b>Continuous Infusions</b>		
<input type="checkbox"/>	Normal Saline	500mL, injection, IV, _____ mL/hr, Comment: for post phlebotomy fluid replacement
<b>Laboratory</b>		
<input type="checkbox"/>	Hematocrit	STAT, T;N, once, Type: blood
<input type="checkbox"/>	Hemoglobin	STAT, T;N, once, Type: blood
<b>Consults/Notifications</b>		
<input type="checkbox"/>	Notify Physician-Once	T;N, Notify Who: Pathologist on call, Notify For: Therapeutic Phlebotomy request

Date \_\_\_\_\_ Time \_\_\_\_\_ Physician's Signature \_\_\_\_\_ MD Number \_\_\_\_\_

