



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

Allergies: [ ] No known allergies

[ ] Medication allergy(s):

[ ] Latex allergy [ ] Other:

Patient Care

[R] Therapeutic Phlebotomy
T;N, Total Volume to Withdraw: mL,
Parameters:
Replacement Fluid Instructions:
Comment: page Phlebotomy nurse at 418-4155 to schedule

[ ] Consent Signed For T;N, Procedure: Therapeutic Phlebotomy

Continuous Infusions

[ ] Normal Saline 500mL, injection, IV, mL/hr, Comment: for post phlebotomy fluid replacement

Laboratory

[ ] Hematocrit STAT, T;N, once, Type: blood

[ ] Hemoglobin STAT, T;N, once, Type: blood

Consults/Notifications

[ ] Notify Physician-Once T;N, Notify Who: Pathologist on call, Notify For: Therapeutic Phlebotomy request

Date Time Physician's Signature MD Number

Medical Informatics will assign or update form #s
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