**Physician Orders ADULT**

**Order Set: Therapeutic Phlebotomy Plan**

**Related Order Sets:**

- [ ] No known allergies

### Allergies:

- [ ] Medication allergy(s):
- [ ] Latex allergy
- [ ] Other:

### Patient Care

<table>
<thead>
<tr>
<th>[R] Therapeutic Phlebotomy</th>
<th>T;N, Total Volume to Withdraw: _______mL, Parameters: __________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Consent Signed For</td>
<td>T;N, Procedure: Therapeutic Phlebotomy</td>
</tr>
</tbody>
</table>

### 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

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**Date** | **Time** | **Physician's Signature** | **MD Number**
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Medical Informatics will assign or update form #s

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