**Legacy Day Treatment Unit**  
**Provider’s Orders**  
**Adult Ambulatory Infusion Order**  
**THERAPEUTIC PHLEBOTOMY**  

<table>
<thead>
<tr>
<th>Provider’s Orders</th>
<th>Patient Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Birth:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Med. Rec. No (TVC MRN Only):</strong></td>
<td></td>
</tr>
</tbody>
</table>

**ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE**

**Anticipated Start Date:** __________  
**Patient to follow up with provider on date:** __________  
***This plan will expire after 365 days, unless otherwise specified below***  
**Orders expire:** __________

**Weight:** ________ kg  
**Height:** ________ cm

**Allergies:** ___________________________________________________________________

**Diagnosis:** ____________________________  
**Diagnosis Code:** ______________________

**GUIDELINES FOR PRESCRIBING:**

1. Send FACE SHEET, INSURANCE CARD and most recent provider chart or progress note.

**LABS TO BE DRAWN** (orders must be placed in TVC Epic by ordering provider if TVC provider):

- [ ] CBC with differential, Routine, every _____________(visit)(days)(weeks)(months)-Circle One  
- [ ] Hemoglobin & Hematocrit, Routine, every _____________(visit)(days)(weeks)(months)-Circle One  
- [ ] Ferritin, serum, Routine, every__________________(visit)(days)(weeks)(months)-Circle One  
- [ ] Labs already drawn. Date: _____________

**NURSING ORDERS:**

1. Treatment parameters:
   a. Perform phlebotomy if:
      - [ ] Hgb is greater than: ________________ mg/dL  
      - [ ] Hct is greater than: ________________ %  
      - [ ] Hold if ferritin is less than: ________________ ng/mL  
      - [ ] Other: ___________________________________________________________________
   b. Ferritin goal is: __________________________________________________________________

2. Vital Signs: Pre-phlebotomy and post-phlebotomy  
3. Treatment parameters: Notify provider if vital signs abnormal  
4. Nursing communication: Discharge 15 minutes after phlebotomy complete or when patient is stable  
5. Nursing communication order: Manage line per LH policy 904.4007 IV Catheter Insertion (Peripheral) and LH 904.4004 IV Access: Central Catheters LH 915.4151

**THERAPEUTIC PHLEBOTOMY:**

**Amount to be removed:** ___________ mL (no more than 500 at one time)

**Interval: (must check one)**

- [ ] Once  
- [ ] Weekly  
- [ ] Every other week  
- [ ] Once Monthly  
- [ ] Other__________

- [✓] Heparin (porcine) 100 units/mL flush injection (PF) 500 units: Flush tubing PRN

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Last updated 2/2024
Legacy Day Treatment Unit
Provider’s Orders

Patient Name: ___________________________ Date of Birth: ___________________________

Med. Rec. No (TVC MRN Only): ___________________________

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POST PHLEBOTOMY HYDRATION ORDERS:

☐ sodium chloride 0.9% 500 ml to infuse over 30 min
☐ Every Visit
☐ PRN ______________________
☐ Other: ___________________________________________________________

Please check the appropriate box for the patient’s preferred clinic location:

☐ Legacy Day Treatment Unit – The Vancouver Clinic Building
   A department of Salmon Creek Medical Center
   700 NE 87th Avenue, Suite 360
   Vancouver, WA 98664
   Phone number: 360-896-7070
   Fax number: 360-487-5773

☐ Legacy Emanuel Day Treatment Unit
   A department of Emanuel Medical Center
   501 N Graham Street, Suite 540
   Portland, OR 97227
   Phone number: 503-413-4608
   Fax number: 503-413-4887

☐ Legacy Salmon Creek Day Treatment Unit
   Legacy Salmon Creek Medical Center
   2121 NE 139th Street, Suite 110
   Vancouver, WA 98686
   Phone number: 360-487-1750
   Fax number: 360-487-5773

☐ Legacy Silverton STEPS Clinic
   Legacy Silverton Medical Center
   342 Fairview Street
   Silverton, OR 97381
   Phone number: 503-873-1670
   Fax number: 503-874-2483

☐ Legacy Woodburn STEPS Clinic
   Legacy Woodburn Health Center
   1475 Mt Hood Ave
   Woodburn, OR 97071
   Phone number: 503-982-1280
   Fax number: 503-225-8723

Provider signature: ___________________________ Date/Time: ___________________________

Printed Name: ___________________________ Phone: __________________ Fax: _______________

Organization/Department: ___________________________

Last updated 2/2024