**Legacy Day Treatment Unit**

**Provider’s Orders**

**Adult Ambulatory Infusion Order**

**THERAPEUTIC PHLEBOTOMY**

**Patient Name:**

**Date of Birth:**

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

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

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**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:**

**Height:**

**Allergies:**

**Diagnosis:**

**Diagnosis Code:**

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**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

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**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 ____________

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Last updated 04/22/2020
Heparin (porcine) 100 units/mL flush injection (PF) 500 units: Flush tubing PRN

**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
  - 700 NE 87th Avenue, Suite 360
  - Vancouver, WA 98664
  - Phone number: 360-896-7070
  - Fax number: 360-487-5773

- [ ] Legacy Salmon Creek
  - Day Treatment Unit
  - 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 Emanuel Day Treatment Unit
  - 501 N Graham Street, Suite 540
  - Portland, OR 97227
  - Phone number: 503-413-4608
  - Fax number: 503-413-4887

Provider signature: ___________________________  Date/Time: _______________________

Printed Name: ___________________________  Phone: ____________  Fax: ____________

Organization/Department: ___________________________