



**Legacy Day Treatment Unit
Provider's Orders**

Adult Ambulatory Infusion Order
THERAPEUTIC PHLEBOTOMY

Patient Name: _____

Date of Birth: _____

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

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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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 STEPS Clinic
A department of Silverton Medical Center
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: _____