

Therapeutic Phlebotomy
Pre-Printed Physician's Orders

See Allergy Profile Sheet

Height: _____ cm Weight: _____ kg
CBC _____ Serum Ferritin _____

Hematology diagnosis indicating Phlebotomy

- hemochromatosis polycythemia

Please Note:

**Physicians: Please fax a copy of the current Lab Work to ACU FAX (705) 495-2419
Lab Work is to be monitored by ordering physician**

Blood work required:

- CBC every _____ weeks
 Ferritin every _____ weeks
 FE Transferrin every _____ weeks

Phlebotomy:

- 1 unit (approximately 500mL) every _____ weeks X _____
 ½ unit (approximately 250 mL) every _____ weeks X _____

Monitoring:

- Observe for adverse reactions (e.g. hypotension, fainting, weakness, diaphoreses)

Post infusion:

- BP and Pulse
 Give a glass of juice
 Review next treatment time
 Offer discharge instructions sheet

Date: _____ Time: _____ Physician Signature: _____

Physician Print Name: _____