

Asante Infusion Services

ARRMC Phone: 541-789-5006 Fax: 541-789-5678

ATRCM Phone: 541-789-4673 Fax: 541-507-2601

Therapeutic Phlebotomy Request Form

Patient Name: _____ D.O.B: _____ Diagnosis (ICD 10): _____

- The default whole blood collection volume of 500ml will be used if box unchecked.

Draw Volume: one unit (500ml) half unit (250ml)

Every _____ (frequency)

Continue phlebotomies for _____ (Duration)

REQUIRED: SELECT ONE parameter as follows:

until Hematocrit falls below _____ **OR** until Ferritin falls below _____

BP PARAMETERS: For blood pressure 180/100 or above or below 90/50, hold phlebotomy and contact provider.

LIDOCAINE SOLUTION 1% 0.1-0.5ml intradermal bleb to the intended phlebotomy insertion site PRN to reduce discomfort of procedure.

0.9% Normal Saline solution 500ml IV once PRN for hypotension and symptomatic (pallor, diaphoresis, nausea, dizziness, syncope) during or after procedure. Contact provider for additional orders needed.

0.9% Normal Saline _____ ml IV bolus immediately following phlebotomy.

REQUIRED LAB MONITORING:

PLEASE CHECK ONE:

Ordering provider responsible for drawing/monitoring labs and sending results to Asante for patient's medical record.

Q _____ patient to do in advance at lab prior to proceeding with phlebotomy

Same day, immediately prior to performing phlebotomy; phlebotomy based on most recent prior lab results; OK to proceed same day before results obtained.

Lab orders: _____

Provider (Printed) Name

Provider Signature

Date

Time



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400-1NFU-0022 (07/02/2024) PAGE 1 OF 1

PATIENT LABEL