



fraserhealth

Regional Pre-Printed Orders for THERAPEUTIC PHLEBOTOMY



Form ID: DRDO106946A

NEW: Sept. 21/17

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DRUG & FOOD ALLERGIES

- **Mandatory** **Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.**

- Indication for phlebotomy:

- Hemochromatosis
- Polycythemia
- Iron Overload due to _____
- Other: _____

- Volume per phlebotomy:

- 500mL
- 200mL
- ____ mL

- Frequency of phlebotomies:

- One time only Weekly Monthly Once every ____ weeks Other: _____
- Once every ____ week(s) if: HCT greater than 0.45g/L OR _____
- Ferritin greater than 50mcg/L OR _____
- Hold if Hgb less than _____

- Labs:

- Labs to be drawn every _____ week(s) Labs to be drawn 48 hours prior to phlebotomy
- Ferritin CBC Iron Transferrin TIBC

Duration of phlebotomies:

- ____ weeks ____ months ____ phlebotomies Until ferritin less than ____ mcg/L

| Date (dd/mm/yyyy) | Time | Prescriber Signature | Printed Name and College ID# |
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