In-Hospital Therapeutic Phlebotomy Order

LifeSouth Community Blood Centers

A: Physician Request Details *(Complete all fields to avoid delays. 24-hour notice required.)*

***Note**: Each draw removes 500 mL ± 10% of whole blood.*

Last Name:	First Name:	Middle Name:
Hospital:		Room #:
MRN#:		DOB:
Pre-procedure Hematocrit/Hemoglobin:		Patient Weight:

Verify the following conditions that merit phlebotomy are met:

☐ Patient age is at least 18 ☐ Patient weighs at least 110 lbs

☐ Hematocrit/Hgb prior to procedure at least 33% or Hgb: 11.0 g/dl and obtained within 7 days of the procedure date

Is patient on anticoagulants? ☐ No ☐ Yes, if yes, describe in the next field.

Brief relevant past medical history (current medications (including anticoagulants), latex allergy (if not using latex-free gloves and/or bandages), bleeding problems, current chief complaint, etc. *(attach additional documentation if needed)*

Diagnostic Indication(s) for Therapeutic Phlebotomy: (*please list all)*

Date(s) Phlebotomy Needed:

Phone:

Requested by (MD) (print):

As the patient's treating physician, I certify that this patient is clinically stable and safe for the therapeutic phlebotomy procedure.

MD signature:	Date:

Physician: Fax completed form to 352-224-1778

B: LifeSouth Approval *(LifeSouth RN or MD)*

Reviewed by:	Title

☐ Approved ☐ Denied, explain:

Review signature:	Date:

Nurse: Route request to staff who will perform the procedure

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MRN#:

C: Documentation of Procedure (LifeSouth Staff)

Date of Draw:	Time Arrived:

Pre-procedure Evaluation:

Hospital or LifeSouth nurse should confirm the following prior to the procedure

☐ Verify CBC (attach copy)

Blood Pressure:	Heart Rate:
Printed name of Nurse:	
Signature of Nurse:	

Confirmation of patient consent:

☐ Provided patient the *Recommendations for Post Phlebotomy Care* document

☐ Obtained LifeSouth informed consent

Bag/Syringe Lot Number(s):	Arm Scrub Lot Number(s):

1st Stick Start Time:	1st Stick End Time:	Drawn: mL
2nd Stick Start Time:	2nd Stick End Time:	Drawn: mL

Procedure Notes:

☐ Delayed start ☐ Arrived, but procedure cancelled

Post-procedure Blood Pressure:	Post-procedure Heart Rate:

LifeSouth staff: Send completed order and consent forms to the Director of Nursing

D: Medical Director Review (Post Collection)

Comments:	
Reviewed by:	Title
Review signature:	Date:

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Form Version History

Effective Date	Significant Changes
15 Aug 2017	New form released via TCA.
30 Jun 2017	Updated; posted under PD# 1966.
23 Jun 2017	Updated; posted under PD# 1966.
08 Jan 2017	Posted under PD# 1966.