



# 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: <input type="checkbox"/> Patient age is at least 18 <input type="checkbox"/> Patient weighs at least 110 lbs <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> 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. <i>(attach additional documentation if needed)</i> )		
Diagnostic Indication(s) for Therapeutic Phlebotomy: <i>(please list all)</i>		
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
<input type="checkbox"/> Approved <input type="checkbox"/> Denied, explain:	
Review signature:	Date:

*Nurse: Route request to staff who will perform the procedure*



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MRN#:
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**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 <input type="checkbox"/> Verify CBC (attach copy)			
Blood Pressure:		Heart Rate:	
Printed name of Nurse:			
Signature of Nurse:			
Confirmation of patient consent: <input type="checkbox"/> Provided patient the <i>Recommendations for Post Phlebotomy Care</i> document <input type="checkbox"/> Obtained LifeSouth informed consent			
Bag/Syringe Lot Number(s):		Arm Scrub Lot Number(s):	
1 <sup>st</sup> Stick Start Time:	1 <sup>st</sup> Stick End Time:	Drawn:	mL
2 <sup>nd</sup> Stick Start Time:	2 <sup>nd</sup> Stick End Time:	Drawn:	mL
Procedure Notes:          <input type="checkbox"/> Delayed start <input type="checkbox"/> 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: