



Change order details by crossing out unwanted information and writing in desired details/instructions.
Place a line through the x to remove the pre-checked option.

THERAPEUTIC PHLEBOTOMY THERAPY PLAN [11500848] Columbia Network Infusion Centers

Select Location: Southwest/Vancouver St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.*

Labs	Interval
<input type="radio"/> Complete Blood Count W/O DIFF	Every Visit
<input type="radio"/> Hemoglobin & Hematocrit	Every Visit
<input type="radio"/> Ferritin	Every Visit

Supportive Care	Interval
<input checked="" type="checkbox"/> THERAPEUTIC PHLEBOTOMY-IV	Route: IV
<i>Proceed for hemoglobin greater than: _____</i>	
<i>Proceed for Ferritin greater than: _____</i>	
<i>Proceed for HCT greater than: _____</i>	
<i>Volume to Remove _____ Frequency _____</i>	

Nursing Communication	Interval
<input checked="" type="checkbox"/> Nursing Communication	PRN
<i>If patient symptomatic post phlebotomy (lightheaded or dizzy), please give 500ml NS.</i>	

Hydration	Interval
<input checked="" type="checkbox"/> sodium chloride 0.9 % bolus 500 mL	PRN
<i>If patient symptomatic post phlebotomy (lightheaded or dizzy), please give 500ml NS.</i>	

Vascular Access (single select)	Interval
<input type="radio"/> IV	Every Visit
- Insert peripheral IV	
- sodium chloride (NS) flush 10 mL	
- 10 mL As Needed for Line Care	

Provider Signature Date Time

Provider's Printed Name: _____

Place Patient Label Here

- Central line (non-PICC) Every Visit
 - Access vascular device and confirm patency
 - Initiate Central line (non-PICC) maintenance protocol
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN
 - sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN
 - sodium chloride (NS) flush 10 mL
10 mL for Line Care at discharge and de-access every visit
 - heparin 100 units/mL 5 mL
5 mL for de-access every visit
 - alteplase (CATHFLO) injection 2 mg
Other, Starting when released, For 2 dose, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

- PICC line Every Visit
 - Access vascular device and confirm patency
 - Initiate PICC maintenance protocol
 - Nursing Communication
Change PICC line dressing weekly and PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN
 - sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN
 - alteplase (CATHFLO) injection 2 mg
Other, Starting when released, For 2 dose, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

PRN Medications	Interval	
○ sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care</i>	PRN	Route: IV
○ sodium chloride 0.9 % bolus 500 mL <i>500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)</i>	PRN	Route: IV
○ lidocaine (PF) (XYLOCAINE-MPF) 10 mg/mL (1%) injection 0.25 mL <i>0.25 mL Once As Needed for Other PRN Medication</i>	PRN	Route: Intra-dermal

Provider Signature Date Time

Provider's Printed Name: