Lake Charles Memorial Health System

1PO

PO_OUTPATIENT PHLEBOTOMY ORDERS
Last Revised: 04/07/2022

OUTPATIENT PHLEBOTOMY ORDERS:

Name: _____ DOB _____

Height: _____ Weight: _____ (kg) Allergies: _____

Diagnosis: _____

_____Assign as Outpatient

Therapeutic Phlebotomy _____mL Whole Blood per Lab

Frequency: _____Weekly _____Every _____weeks _____every 28 days

Hold if hematocrit is below _____%

Vital Signs per protocol

Discharge home when complete and patient stable

Additional Orders: _____

Physician Signature: _____ Date/Time: _____

**PLEASE SEND MOST RECENT LABS WITH ORDER