



# **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
○ Complete Blood Count W/O DIFF	Every Visit
○ Hemoglobin & Hematocrit	Every Visit
○ 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</i> _____	<i>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
X sodium chloride 0.9 % bolus 500 mL	PRN Route: IV <i>If patient symptomatic post phlebotomy (lightheaded or dizzy), please give 500ml NS.</i>

Vascular Access (single select)	Interval
<input type="radio"/> IV <ul style="list-style-type: none"><li>- Insert peripheral IV</li><li>- sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care</i></li></ul>	Every Visit

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Provider Signature

Date

### Time

Provider's Printed Name:

Place Patient Label Here

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EHR5018-DT (12/08/2024)

## **THERAPEUTIC PHLEBOTOMY THERAPY PLAN**

- 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 PRN
  - alteplase (CATHFLO) injection 2 mg
    - Other, Starting when released, For 2 dose, PRN, 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, PRN, 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 10 mL As Needed for Line Care	PRN      Route: IV
○ sodium chloride 0.9 % bolus 500 mL 500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)	PRN      Route: IV
○ lidocaine (PF) (XYLOCAINE-MPF) 10 mg/mL (1%) injection PRN 0.25 mL 0.25 mL Once As Needed for Other PRN Medication	Route: Intra-dermal

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Provider Signature

Date

Time

Provider's Printed Name:

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Place Patient Label Here

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