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St. Clair Health
 Pittsburgh, PA 15243

**SIPE INFUSION CENTER
 PHLEBOTOMY ORDER SHEET**

Today's Date: _____ **Requested Phlebotomy Date:** _____

Patient Name: _____ **Date of Birth:** _____

Ordering Physician (PLEASE PRINT): _____

Diagnosis (ICD-10): _____

Current Lab Values: Hgb: _____ g/dL Hct: _____ % Date: _____
 Ferritin: _____ ng/mL Date: _____

Labs:
 Hgb/Hct Prior to each Phlebotomy Weekly Monthly Other _____
 Ferritin Weekly Monthly Other _____
 Additional Labs to be drawn with Phlebotomy _____ Weekly Monthly

PLEASE PICK ONE OF THE FOLLOWING:

HOLD PHLEBOTOMY IF Hgb Less than or equal to _____ g/dL

OR

HOLD PHLEBOTOMY IF Hct Less than or equal to _____ %

HOLD PHLEBOTOMY if Ferritin Level _____ ng/mL

Phlebotomy orders: (Do not exceed 500 mL per St. Clair Hospital Policy)

- Phlebotomize _____ mL every week
- Phlebotomize _____ mL every other week
- Phlebotomize _____ mL every month
- Phlebotomize _____ mL every _____ months

Fluid Replacement:

- 250 mL 0.9% Normal Saline wide open as replacement fluid post phlebotomy
- 500 mL 0.9% Normal Saline wide open as replacement fluid post phlebotomy

Physician Signature: _____ **Date:** _____ **Time:** _____

FAX to (412) 942-3559