**PRINCIPLE**

Therapeutic phlebotomy is a procedure to remove blood from the body. The usual indication for phlebotomy is an abnormally high hematocrit (primary or secondary polycythemia). Another indication for phlebotomy is iron overload from hemochromatosis, chronic iron overdose or long term transfusion of chronic anemias.

Therapeutic phlebotomies must be scheduled in advance through the laboratory. Procedures are performed Monday through Friday 8:30 am – 4:00 pm. Outpatient procedures are performed only at the Martin Medical Center Draw Station. Call 772-223-5945, ext. 3267 to schedule. Inpatient procedures are performed at Martin Medical Center, Martin Hospital South and Tradition Medical Center. Call the laboratory to schedule. Emergency procedures (after hours, weekends, holidays) require approval by the laboratory manager or director.

The Medical Director of the Laboratory assumes responsibility for the patient undergoing this procedure. The Medical Director is also responsible for overall management of the therapeutic phlebotomy program, establishment of eligibility criteria for therapeutic phlebotomy, provision of medical support for reactions, and oversight of quality assurance measures.

The purpose of the therapeutic phlebotomy procedure and possible complications are explained to the patient prior to the procedure. Patient consent is documented on the “Therapeutic Whole Blood Phlebotomy Consent” form. Once consent has been obtained, the phlebotomist evaluates the patient based on criteria set forth by the Medical Director. If the patient does not meet the established criteria, the patient shall be directly evaluated by the pathologist for acceptability. If it is determined that the patient is unacceptable for the procedure, the requesting physician shall be notified.

**A. Pre-Procedure Requirements**

1. Documented Informed Consent

2. Physician Order

   **Must Include:**
   a. Patient’s Full Name
   b. Date of Birth
   c. Procedure requested
   d. Expected date of collection
e. Amount of blood to be collected  
f. Desired Hgb/Hct  
g. Patient Diagnosis  
h. Frequency of donation

“Standing” therapeutic orders are valid for 1 year from date written. If the frequency ordered is more than one unit within 3 days, pathologist approval is required prior to second phlebotomy.

3. Physical Assessment (Record on Consent Form)  
   a. Blood pressure  
      • Systolic blood pressure: 90 to 180 mm of mercury  
      • Diastolic blood pressure: 50 to 100 mm of mercury  
   b. Pulse  
      • Pulse shall reveal no pathologic cardiac irregularity  
      • Pulse should be between 50 and 100 beats per minute  
   c. Hemoglobin  
      • Performed within the last 48 hours by MHS laboratory  
      • If Hemoglobin result is not available, a specimen will be sent to the laboratory for analysis prior to performing the phlebotomy.

If the patient fails to meet any of these criteria, the phlebotomist must notify the blood bank immediately. Pathologist approval is required. Subsequent therapeutic phlebotomies, requested during the period of valid physician order, may be performed based on initial pathologist approval.
Therapeutic phlebotomy requires the removal of blood by venipuncture for medical reason(s). Due to your diagnosis history and/or physical examination, your blood will be discarded by an approved process.

Prior to phlebotomy, your blood pressure, pulse and hemoglobin (If not recently performed by MHS Laboratory) will be checked.

On rare occasions, medical complications may occur at the time of donation and up to several days after donation. These include but are not limited to pain, discomfort, nausea, fainting, bruising and swelling.

If you have any questions regarding the procedure, please ask the phlebotomist prior to signing this form.

**Acknowledgement:** I understand the purpose and possible complications of a Therapeutic Phlebotomy. I have been provided the opportunity to ask questions. I consent to have my blood drawn for this purpose.

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**Signature of Patient or Legal Representative**  
**Date**

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**Relationship to Patient**  
**Witness**

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*Lab Use only:*

**Pre-Phlebotomy**  
Blood Pressure: ______mm Hg  
Pulse: _______ BPM  
Hemoglobin: ______ g/dL

**Post-Phlebotomy**  
Blood Pressure: ______mm Hg  
Pulse: _______ BPM  
Volume Removed: ________ mL