



<p>Team Name: Critical Care and Medicine Team</p> <p>Team Lead: Regional Director - Acute Care</p> <p>Approved by: Executive Director - Mid</p>	<p>Reference Number: CLI.4510.SG.002</p> <p>Program Area: Across Hospital Units</p> <p>Policy Section: General</p>
<p>Issue Date: September 8, 2015</p> <p>Review Date:</p> <p>Revision Date: May 15, 2017</p>	<p>Subject: Therapeutic Phlebotomy Guideline</p>

STANDARD GUIDELINE SUBJECT:

Therapeutic Phlebotomy Guideline

PURPOSE

To provide standard orders for therapeutic phlebotomy for the following diagnosis:

- Polycythemia vera
- Hemochromatosis
- Pulmonary engorgement in acute pulmonary edema

DEFINITIONS:

Therapeutic Phlebotomy: controlled removal of a volume of blood. (typically 250 – 500 mls)

PROCEDURE:

1. Physician/Nurse Practitioner standard orders required.
2. Therapeutic Phlebotomy is the responsibility of a Registered Nurse, Physician or Nurse Practitioner.
3. Do not use a peripherally inserted central catheter (PICC) line, central line, tunneled catheter or implanted port for therapeutic phlebotomy. These lines may become damaged or occluded if used for this procedure
4. Explain procedure to patient.
5. Verify correct patient using 2 identifiers.
6. Verbal consent is documented in the Integrated Progress Notes (IPN).
7. Place patient supine on stretcher.
8. Obtain and record baseline vital signs.
9. Place the Bag Stand on the floor and hang the bag and tubing onto the Bag Stand. Stand must metal to facilitate accurate volume measurement.
10. Apply the Blood Pressure Cuff and inflate to locate the most suitable antecubital vein. Deflate the blood pressure cuff.
11. Prepare the site by scrubbing with Chlorhexidine Gluconate (CHG) swab stick. Allow to dry.
12. Re apply the blood pressure cuff, and inflate to a pressure level between the patients systolic & diastolic readings (approx. 90 – 100 mm Hgb)
13. Perform the venipuncture and secure the needle.
14. Ensure that the blood collection bag is placed lower than the level of the heart to facilitate gravity drainage. If blood flow is slow, encourage patient to open and close hand slowly.
15. Direct observation of patient is required until the desired amount of blood has been collected
16. On completion, clamp the blood tubing, remove the BP cuff, and discontinue the venipuncture

17. Apply pressure to the site with a gauze dressing for a minimum of 3 minutes. Increase time if patient is on anticoagulant therapy.
18. Obtain and record post-procedure vital signs every 5 minutes for 15 minutes or until stable.
19. Patient should be closely monitored for signs and symptoms of hypotension and/or hypovolemia. (dizziness, weakness) If symptoms occur, have patient remain lying down until symptoms subside. Encourage oral intake unless otherwise ordered.
20. If hypovolemic shock occurs:
 - Establish IV, replace fluid as ordered
 - Have patient lie flat
 - Elevate lower extremities
 - Contact Physician / NP
 - Start O2 therapy @ 3L/min by nasal prongs
 - Monitor vital signs q5 minutes until stable, and then prn
 - Administer IV fluid volume replacement if ordered
21. The procedure takes approximately 15 minutes to complete
22. Provide Therapeutic Phlebotomy Patient Instruction Sheet (CLI.4510.SG.002.SD.01) to patient

EQUIPMENT/SUPPLIES:

- Gloves
- Blood collection bag & tubing with attached needle
- Metal bag stand
- Blood pressure cuff
- 2% Chlorhexadine (CHG) with 70% alcohol swab sticks
- Local anesthetic (optional) if being performed by a Physician/Nurse Practitioner
- Topical anesthetic (optional)
- 2x2 Gauze dressings
- Rubber tipped forceps or clamp

SUPPORTING DOCUMENTS:

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| CLI.4510.SG.002.FORM.01 | Therapeutic Phlebotomy Standard Orders |
| CLI.4510.SG.002.SD.01 | Therapeutic Phlebotomy Patient Instruction Sheet |

REFERENCES

- Health Sciences Centre, (2007). Phlebotomy: Therapeutic (Adults).
- Potter, P.A. and Perry A.G. (2006). Canadian Fundamentals of Nursing 3rd ed. Elsevier Canada.
- Smith Suddarth D. (2006). Lippincott Manual of Nursing Practice 8th ed. J.B. Lippincott Co. Philadelphia
- Van Buskirk, J. (2009). Memo re phlebotomy set priming volume and bag volume determination. R&D Engineer