

Your
Hospital's
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THERAPEUTIC PHLEBOTOMY FLOWSHEET

PATIENT IDENTIFICATION

NAME:	DATE:	TIME OF ARRIVAL: (Military Time)
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DIAGNOSIS:

VITAL SIGNS
(Prior to Procedure):

T	P	R	BP
(Post Procedure):			
T	P	R	BP

LAB RESULTS:

Pre - Procedure:	WBC	PLTS	Hb	Hct
Post - Procedure:	WBC	PLTS	Hb	Hct

VENOUS ACCESS:

Peripheral IV
 Midline
 Implanted Port
 PICC
 Other _____

GAUGE / TYPE / SITE:

COMMENTS:

IV FLUIDS:

<input type="checkbox"/> Pre-Hydration:	Time Started	Rate	Time Completed	Amount Infused
	(Military Time)		(Military Time)	
<input type="checkbox"/> Post-Hydration:	Time Started	Rate	Time Completed	Amount Infused
	(Military Time)		(Military Time)	

PATIENT TEACHING (See NARRATIVE SECTION -or- PROGRESS NOTE)

POST PROCEDURE:

Discharge Instruction: YES (See Narrative Section) Time left Infusion Treatment Center

Left Infusion Treatment Center with: Alone Accompanied By _____

Mode: Ambulatory Wheelchair Cane Stretcher

SIGNATURE / TITLE: _____ DATE: _____

SIGNATURE / TITLE: _____ DATE: _____