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| **St. Anthony**  **Regional Hospital**  POLICY/PROCEDURE | Effective Date: | Latest Revised Date:  Reviewed Date: |
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| **Title: THERAPEUTIC PHLEBOTOMY** | | Department: Laboratory |

**Principle:**

Occasionally physicians will order 500 or 250 mLs of blood to be therapeutically drawn off of a patient. This blood is to be destroyed and should not be confused with donated blood to our Blood Bank.

**Procedure:**

The patient is to have a Hgb and/or Hct performed at our facility within 7 days prior to the procedure. The patients requisition must include a baseline for the phlebotomy based on the result of the hemoglobin or hematocrit. Example: Do phlebotomy if Hgb is >10.0. The laboratory employee that is entering the requisition is responsible for putting this comment in Meditech.

The technician resulting the hemoglobin and/or hematocrit will comment after the result “therapeutic phlebotomy required” or “no therapeutic phlebotomy required” (there is canned text for this – TPR/NTPR) based on the results and the physician’s order. If a therapeutic phlebotomy is required the technician that results the test will order it (THERPHLEB) and let the phlebotomist know that there is one to be performed.

NOTE: The patient must sign a consent form before the procedure is started.

Prepare the venipuncture by cleaning the site with a ChloraPrep applicator. Cleaning should be done in a circular motion from the inside of the site to the outside. Let air dry. Cover the site with dry sterile gauze until you are ready to perform the venipuncture.

Inspect the donor bag for any defects. Put one of the blue needle covers on the tubing at this time. Position the bag low enough to allow gravity to aid in collection. The preferred collection process would be to use the blood rocker. (The rocker will alert you at 250 mLs). Inflate the blood pressure cuff to 50-60 mm mercury. Have the patient open and close their hand several times. Perform the venipuncture. At this time you may tape the needle in place if desired. The procedure may be facilitated by asking the patient to open and close their hand around an object. This aids in the continuous flow of blood. When the required amount has been collected…by comparison of the donor bag to the weighted bag…prepare to stop the phlebotomy.

Deflate the blood pressure cuff and remove the needle from the arm. Apply pressure to the site and ask the patient to raise their arm with the elbow straight while applying pressure. Slide the blue needle cover over the needle and tie a knot in the tubing. Discard the bag and needle in a sharps container. When the bleeding has stopped, apply gauze to the site and wrap with Co-Flex or place paper tape over gauze at the puncture site. Offer the patient a cup of juice\* and allow the patient to rest until they feel ready to leave. If an emergency arrives contact an ER nurse or in-house physician.

\*Juice can be obtained in Infusion Services or the hospital cafeteria.

**Charging the phlebotomy: this will be done by the technician that results the test.**

1. When the phlebotomist has finished the therapeutic phlebotomy the technician will result it.
2. If any other amount is withdrawn be sure and note it in the comment section.