**Therapeutic Phlebotomy Outline**

**Purpose of Therapeutic Phlebotomy:** To reduce blood volume, red cell mass and/or iron. Polycythemia, or hereditary hemochromatosis are the common reasons to perform a therapeutic phlebotomy

**Order:** THERA. MD should specify volume preferred removed: “1 Unit” = 450-500mls (Each ml of blood can contain 1mg of iron)

**Note:** Usually when we draw blood, quality blood specimens are important for results that reflect the patient’s condition. For Therapeutic Phlebotomy, we are looking for quantity over quality in the safest and most comfortable way for the patient. The blood collected will not be tested or used for donation purposes, as it is to be discarded in a biohazard container after blood bank inspects it.

**Equipment overview:**

* Order Label/Patient Chart Label: For proper patient identification
* Pen/Gloves
* **Pre and Post Vitals form:** Pre-Vitals include the patient’s Blood Pressure, Pulse, Temperature, and Pre-Phlebotomy HH results. Post Vitals include: The patient’s BP, Pulse, Temp, and total volume removed
* Scale (QC the scale in blood bank using the weights and document on the form that QC was done)
* Blood Bag Collection system (Ensure that the bag is not expired, and the anticoagulant should be clear and not amber colored. The Terumo brand pack comes in a six-pack of bags.) 16g needle and a “blood sampling arm” to attach a syringe to.
* Pre and Post Vitals Form/Procedure/Step by Step sheet
* Blood Pressure Cuff/ Tourniquets (Blood pressure cuff is excellent for controlling the amount of pressure on the patient’s arm. Please disinfect between patients. All tourniquets are single use.)
* A ball to squeeze if desired (Disinfect between patients.)
* Gauze (extra gauze is good to prop under the needle once it is inserted to keep an angle of 30 degrees or less.)
* Alcohol Pads (re-clean the site if you must re-feel the vein.)
* Paper Tape (to secure the needle and tubing during the collection and/or to bandage the site after)
* Co-Ban/CoFlex (if approved to use per the RN for continued pressure after the collection)
* Hemostats (2 total. One is used before insertion of the needle and is then removed, and then both are used after collection to keep the blood in the bag before it is inspected by blood bank. Remove the hemostats and sanitize before you discard the blood in to the biohazard bin.)
* Large Red Biohazard Garbage Bag (because walking a bag of blood down to the lab can be hazardous and might make patients/associates uncomfortable to see a blood bag)
* Evacuated Bottle (In the nursing staff storage unit. Available at ATS at all locations. It is an option to obtain blood with a smaller-gauged needle. The bottle should be weighed with the scale because the pressure is high and it will often cause the blood to foam up making it hard to determine volumes.)
* Chair (for the phlebotomist if necessary)

**Form**

Obtain the Therapeutic Phlebotomy Form and place the sticker for the ordered “THERA” on the form in the patient information section.

Check and record the patient’s HH level for the day. Confirm order and patient information with the blood bank department.

**Gather Supplies**

* Perform QC on the scale
* Obtain at least two Blood Bags (inspect the bags for defects) one is a backup
* Therapeutic Tray Contents (Blood pressure cuff or tourniquet, 2 hemostats, squeeze- ball, red biohazard garbage bag, gauze, alcohol, tape, 2 Blood Bags, Syringe for sampling off Blood Bag arm for additional tests, and alternative collection method supplies.)

**Talk to the RN and Patient Care Tech:**

Tell the patient’s RN and Tech that you are there to do the Therapeutic Phlebotomy for their patient. Obtain the Pre Vitals for the patient and let the Tech know that they will need to be obtained after the collection as well. Record the pre-vitals and post-vitals on the patient’s therapeutic form mentioned above. The patient will have to remain in bed or reclined, and the RN will have to check on the patient frequently after the collection for 30 minutes post-therapeutic phlebotomy.

It is also a good idea to let the RN know that if you push the call light that they are needed immediately. Know how to call a code blue should the need arise before you start. Depending on their workload, sometimes the RN or the Tech will remain with you for the duration of the phlebotomy. Know what signs and symptoms for an adverse reaction

**Patient:**

Identify yourself and then the patient both visually (looking at the ID band) and verbally (asking the patient to state their full name and DOB for their safety.) Verify that all information is correct.

Explain the test to the patient. “Your doctor has ordered a procedure for you called a therapeutic phlebotomy. It is similar to donating blood; only the purpose is to remove a unit of your blood to aid in your care.” If they would like to know why their MD ordered a therapeutic phlebotomy, the patient’s RN must explain it to them.

Make sure the patient is in a comfortable position. They will need to be in that position about an hour (including prep, collection, and the half hour observation by their nurse post-phlebotomy.)

Do not perform a therapeutic phlebotomy to a patient standing or even sitting up in a chair. They should be lying in bed or reclining with their feet elevated for safety reasons.

Listen to their concerns and have them discuss any issues with their RN before proceeding with the phlebotomy.

**Perform Phlebotomy Per Procedure**

**Watch for Adverse Reactions:**

See “SMART” sheet

**Alternative Collections:**

Occasionally, there will be a situation where the Blood Bag is not the best method to collect the volume of blood needed.

LINE: Blood can be pulled from a PICC line or Port. The Rn will usually draw into syringes and put the blood into the evacuated fluid bottle with safety syringe needles (Bottles are in the Nursing Supply Cabinet in ATS)

Difficult Stick: Sometimes a 21g butterfly can be used to fill syringes or 10ml tubes. The volumes will have to be added up to obtain 450-500mls. If the desired amount is not collected, tell the RN and they can discuss the action plan with the ordering MD. Sometimes, less blood is acceptable in extenuating circumstances.