



UHN

Toronto General
Toronto Western
Princess Margaret
Toronto Rehab

Doctor's Order Sheet

PHLEBOTOMY

Addressograph

PLEASE USE BLACK
OR BLUE BALLPOINT
PEN, PRESS FIRMLY

ALLERGIES:

NO KNOWN ALLERGIES ☐

KNOWN ALLERGIES (Specify) ☐

PHYSICIAN'S ORDER AND SIGNATURE

SIGNATURE(S)
AND
POSITION ACTION
TAKEN PHARMACY

(Please check ☒ appropriate box(es) and complete as required)

1. ON ADMISSION: to Medical Surgical Day Unit:

Physician: _____

Admitting Diagnosis: _____

Procedure: Phlebotomy: ☐ Once

☐ Every _____ weeks for _____ times*

*Phlebotomy Dates: 1st _____ 2nd _____ 3rd _____

Note: the appointments dates to be determined by MSDU clinic, based on the order recurrence above

2. LABORATORY TESTS:

Pre Blood Work required: ☐ No ☐ Yes (specify) _____

Post Blood Work required: ☐ No ☐ Yes (specify) _____

Other: _____

3. MONITORING:

a) Notify physician if: (PAGER #: _____)

i. Vital signs differ by 20% from baseline

ii. O₂ saturation is less than 92%

☐ Hb is less than _____

4. TREATMENT:

a) Peripheral Line to Saline Lock

b) Administer oxygen via nasal prongs or mask to maintain oxygen saturation greater than 92%.

c) Perform phlebotomy as per protocol below:

☐ Pre-phlebotomy Bolus (specify) _____

i. ☐ First round:

1) Phlebotomize _____ mL whole blood as tolerated or at _____ mL/h

2) Post first phlebotomy hydration ☐ Yes ☐ No ☐ As needed

3) If required, infuse Normal Saline _____ mL over _____ minutes

ii. ☐ Second round (only when needed):

1) Phlebotomize _____ mL whole blood as tolerated or at _____ mL/h

2) Post second phlebotomy hydration ☐ Yes ☐ No ☐ As needed

3) If required, infuse Normal Saline _____ mL over _____ minutes

5. DISCHARGE INSTRUCTION:

a) Discharge home after phlebotomy and hydration complete (if applicable), when MSDU discharge criteria met

Physician's Signature: _____ Date: _____ / _____ / _____ Time: _____
dd mm yy



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