



UNIVERSITY OF MICHIGAN HOSPITALS AND HEALTH CENTERS
BLOOD BANK AND TRANSFUSION SERVICE

THERAPEUTIC PHLEBOTOMY:
INFORMATION FOR INPATIENT MEDICAL STAFF

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COMMON INDICATIONS

- Polycythemia
- Hemochromatosis
- Porphyria cutanea tarda

PHLEBOTOMY VOLUME

450 – 500 mL

OUTPATIENT THERAPEUTIC PHLEBOTOMY

- Apheresis Procedure Unit (APU) in UMH
- UMHS Infusion Centers

INPATIENT THERAPEUTIC PHLEBOTOMY

APU RN Staff can provide assistance and procedural coaching to inpatient medical staff weekdays from 9:00 AM to 3:00 PM. APU consultations must be scheduled in advance.

CLINICAL CONSIDERATIONS

- Venous Access
 - Therapeutic Phlebotomy using peripheral access requires a prominent antecubital vein for venipuncture. Trained nursing staff can assist medical staff with venipuncture.
 - Some Central Venous Catheters (CVC) may be used with syringes for Therapeutic Phlebotomy. Trained nursing staff can assist medical staff with catheter care.
- Fluid Balance
 - It is the responsibility of Medical Staff to evaluate the patient's hemodynamic status, including total blood volume and level of hydration. Intravenous hydration before, during, and after phlebotomy should be considered.

DOCUMENTATION

Medical staff is responsible for documenting indication, volume to be removed, clinical considerations, outcome, and frequency/schedule of phlebotomy in MiChart.

REFERENCES

Assi, TB and Baz, E. Current Applications of Therapeutic Phlebotomy. Blood Transfus. 2014 (Suppl 1): s75-s83. Available here:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3934278/>