

Patient Name: _____

Date of Birth: _____

Address: _____

Phone: _____

ICD-10 Diagnosis: _____

IV Access Type:

- Implanted Port
 - Flush with 10 mL 0.9% NaCl after each use
 - Flush with 20 mL after blood draws
 - Flush with 20 mL 0.9% NaCl followed by Heparin 500 units/5mL when de-accessing port unless coming back within 24 hours then 50 units/5mL
 - Cathflo 2 mg intracatheter instilled into port for occluded lines as needed, allow to dwell in catheter for 30 minutes to 2 hours; may instill a second dose if catheter remains occluded after 2 hours
 - Portogram if after first dose of Cathflo blood return still not noted
- PICC Line
 - Flush each lumen with 10 mL 0.9% NaCl after each use
 - Flush each lumen with 20 mL 0.9% NaCl after blood draws
 - Cathflo 2 mg intracatheter instilled into each lumen for occluded lines as needed, allow to dwell in catheter for 30 minutes to 2 hours; may instill a second dose if catheter remains occluded after 2 hours
- Midline
 - Flush line with 10 mL 0.9% NaCl before and after intermittent therapy
 - Flush line with 20 mL 0.9% NaCl after blood draws

Frequency: Weekly Monthly Every 4-12 weeks and as needed As needed Other: _____

Duration: 6 months 1 year Other: _____

Pull PICC/Midline when therapy is completed

Dressing change the day after insertion, every 7 days, and as needed.

Other orders/comments: _____

Labs: _____

Lab frequency: _____

Prescriber printed name: _____

Prescriber full address: _____

Office phone number: _____ Office fax number: _____

Prescriber signature

Date

Time

Questions? Call (419) 591-3858. Please fax completed form to (419) 592-4004.



CENTRAL LINE CARE ORDER FORM

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TRIAL

This document is currently being trialed.