|  |  |
| --- | --- |
| **Patient:****PORT/CENTRAL LINE CARE****OFF/POST TREATMENT** | **DOB:**  |
| \*\*check appropriate box\*\***\*\*All orders with ☒ will be placed unless otherwise noted\*\*** |
| **ICD 10/Primary Diagnosis:**  |  **VAD:**[ ]  Port-A-Cath [ ]  Central Line |
| **Height:** | **Weight:** | **Allergies:** |
| **Infusion Therapy**  | **Frequency** |
| [x]  Flush VAD with 0.9% saline flush 10mL and Heparin flush 500 units.[x]  Labs may be drawn via VAD with provider order.[x]  Dressing change per protocol.  | [ ]  Every 4-6 weeks[ ]  Post treatment[ ]  Post lab draw[ ]  Once |
| **Medication Orders**[ ]  sodium chloride 0.9 % syringe flush 10 mL[ ]  heparin flush 100 unit/mL injection 500 Units PRN[ ]  alteplase (CATHFLO ACTIVASE) injection 2 mg PRN |
| **Nursing Communication/Orders** |
| * Use with caution in patients with catheter line infections.
* Patient instructions: Call for any bleeding, fever/chills, swelling in arms or legs or unusual shortness of breath.
 |