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| **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** | |
| Flush VAD with 0.9% saline flush 10mL and Heparin flush 500 units.  Labs may be drawn via VAD with provider order.  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. | | | |