



Intravenous Vascular Access Device Flushing

Patient and Physician Information

Patient Name:	Date of Birth:	Patient Phone Number:
Physician Name:	Office Phone Number:	Fax Number:
Insurance:	Group Number:	Policy Number:
Hospitalization Status:	Patient Weight (kg):	Height (inches):
<input checked="" type="checkbox"/> Outpatient to Outpatient Infusion Center		
Allergies:		

Send patient demographics/insurance, clinical notes, and test results with orders

Diagnosis Code/Description for treatment: _____

Orders

Treatment Frequency: _____

Peripherally Inserted Central Catheter (PICC) "SALINE ONLY"

Normal Saline 0.9% Flush 10 ML INTRAVENOUS EVERY SHIFT and as needed per lumen for locking, TKO/KVO lines (Base fluids WITHOUT additives), before and after each use for intermittent IV medication administration, after blood draws or blood products, and after each parenteral nutrition bag is complete.

Tunneled Catheter

Normal Saline 0.9% Flush 10 ML INTRAVENOUS EVERY SHIFT and as needed for locking, TKO/KVO lines (Base fluids WITHOUT additives), before and after each use for intermittent IV medication administration, after blood draws or products, and after each parenteral nutrition bag is complete. If locking, follow NS Flush with HEParin 10 units/mL Flush 5 ML in a 10 ML syringe.

Implanted Port

Normal Saline 0.9% Flush 10 ML INTRAVENOUS EVERY SHIFT and as needed per lumen for locking, TKO/KVO lines (Base fluids WITHOUT additives), before and after each use for intermittent IV medication administration, after blood draws or products, and after each parenteral nutrition bag is complete. If locking, follow NS Flush with HEParin 100 units/mL Flush 5 ML in a 10 ML syringe.

Discharge Discharge home after treatment complete if stable.

Date and Physician Signature

DATE: _____
09622512

TIME: _____

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PHYSICIAN'S SIGNATURE

DO NOT WRITE ON OR BELOW THIS AREA ORDERS MAY BE CUT OFF BY FAX MACHINES