



OUTPATIENT LINE FLUSH ORDERS

Name: _____ DOB: _____ Allergies: _____
 Height: _____ Weight(kg): _____ Diagnosis: _____
 Diagnosis Code: _____
 Protocol: _____ Frequency: _____

_____ Assign as outpatient

_____ Central Line Care per MD orders:

_____ Implanted Ports: QPorts, Mediports, Port-a-cath, Power Ports

1. Flush with Normal Saline 10mL IV. If blood drawn, flush with Normal Saline 20 ml IV.
2. Followed by heparin 100 units/ml 5mL IV prior to deaccessing.
3. Frequency defined above.

Denied Home Health for Central Line maintenance Date: _____

_____ Peripherally Inserted Central Catheter (PICC) **(Denied Home Health)**

_____ Infusion Clinic nurses will change dressing every 7 days, **if patient is denied Home Health**

_____ Infusion Clinic nurses will instruct patient or family member on how to flush PICC lumens at home with prescription from MD for NS flushes, **if patient is denied Home Health**

- Flush with Normal Saline 10mL IV after use

_____ Central Line: Subclavian/Jugular/Femoral

_____ Infusion Clinic nurses will change dressing every 7 days, **if patient is denied Home Health**

_____ Infusion Clinic nurses will instruct patient or family member on how to flush central line lumens at home with prescription from MD for NS flushes, **if patient is denied Home Health**

- Flush with Normal Saline 10mL IV after use

New MD order required every 6 months unless defined in original order

Physician's Signature _____ Date/Time _____

