



OUTPATIENT LINE FLUSH ORDERS

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

Assign as outpatient

IV Line Care

1. Flush with Normal Saline 10mL IV as needed for line care, port flush. If blood drawn, flush with Normal Saline 20 ml IV.
2. Heparin 100 units/ml 5mL IV as needed for port flush

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 12 months unless defined in original order

Physician's Signature _____ Date/Time _____



Patient: «Full_Name»; DOB: «Birth_Date»
 Physician: «Attending_Physician_Last_Name», «Attending_Physician_First_Name» «Attending_Physician_Middle_Init»
 Visit ID: «Visit_ID»