(place patient label here)

Patient Name:_____

BENEFIS HEALTH SYSTEM
Benefis HOSPITALS

PROVIDER ORDERS

Order Set Directions:
- **(√)- Check orders to activate; Orders with pre-checked box ☑ will be followed unless lined out.**
- **Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made**
- **Initial each page and Sign/Date/Time last page**

Diagnosis: _____
Allergies with reaction type:_____

D/C HOME WITH CENTRAL LINE AND HOME IV ANTIBIOTICS Version 3 07/16/2010

Diagnosis: _____
Duration of Therapy: _____

HOME IV ANTIBIOTIC (S):

Drug _____

Schedule:_____

Start date: _____ End date_____

Drug levels: _____
_____

Fax results of blood work to _____FAX_____

Drug _____

Schedule:_____

Start date: _____ End date_____

Drug levels: _____
_____

Fax results of blood work to _____FAX_____

Current Access (Check one): _____ PICC Line _____Lumen
_____ HICKMAN _____Lumen
_____ OTHER _____

Anticipated length of need: _____
Change Central line Dressing: Every _____hours or _____times per week

Change caps: _____ times per week

Initials_____

(place patient label here)
Patient Name:
_____

Order Set Directions:
- **(√)- Check orders to activate; Orders with pre-checked box ☑ will be followed unless lined out.**
- **Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made**
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BENEFIS HEALTH SYSTEM
Benefis
HOSPITALS

PROVIDER ORDERS

When being used for IV antibiotics flush lumen(s) of central line with:

____ 5 ml of Normal Saline before and after each dose of IV antibiotic
____ 5 ml of Heparin Solution after each dose of antibiotic

When not being used for IV antibiotics flush lumen(s) of central line with:

____ 5 ml of Heparin Solution daily for routine care

Central line supplies: Dispense per month

1. ____Central line site care kits
2. ____ Central line caps
3. ____ PICC catheter securement device
4. ____ Alcohol Wipes
5. ____ Tubular dressing
6. ____ Tape. Type _____

7. ____ 5 ml prefilled 100 unit/ml Heparin syringes (adults)
   ____ 5 ml prefilled 10 unit/ml Heparin syringes (pediatric)

8. ____ 5 ml prefilled Normal Saline syringes

9. ____ 12 inch extension sets
10. ____ Aquaguard
    ____ Shower gloves

Provider Signature:_____Date:_____Time:_____