

(place patient label here)

Patient

Name: \_\_\_\_\_



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 SUPPLIES FOR FLUSHING AND DRESSING CHANGES**  
**Version 3 6/26/2009**

**Current Access (check one):** \_\_\_\_\_ PICC Line \_\_\_\_\_ Lumen  
 \_\_\_\_\_ HICKMAN \_\_\_\_\_ Lumen  
 \_\_\_\_\_ OTHER \_\_\_\_\_

**Anticipated length of need:** \_\_\_\_\_

**Change dressing:** Every \_\_\_\_\_ hours or \_\_\_\_\_ times per week  
 Or as directed by patient's physician.

**Change caps:** \_\_\_\_\_ times per week.

**Flush each lumen of central line with:**

- \_\_\_\_\_ 5 ml Heparin Solution daily for routine care
- \_\_\_\_\_ 5 ml Normal Saline weekly for Groshong Catheters

**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. \_\_\_\_\_ Tape Type \_\_\_\_\_
6. \_\_\_\_\_ Tubular dressing
7. \_\_\_\_\_ 5 ml prefilled 100 unit/ml Heparin Syringes (adults)  
 \_\_\_\_\_ 5 ml prefilled 10 unit /ml Heparin Syringes (pediatric)  
 \_\_\_\_\_ 5 ml prefilled Normal Saline Syringes (for Groshong Catheters)
8. \_\_\_\_\_ 12 inch extension sets
9. \_\_\_\_\_ Aquaguard  
 \_\_\_\_\_ Shower gloves

**HOME CARE REFERRAL:** Y N

F/U Central line care and teaching as indicated.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_