1. **ALLERGIES/REACTIONS:**

2. **PRIMARY PHYSICIAN:**

3. ☑ Initiate Central Venous Access Device (CVAD) Management per nursing policy # 910.00

4. **FLUSH CATHETER** to maintain patency:
   - ☑ **CHEST OR P.A.S. (Peripheral Accessed System) PORT:**
     - Flush each PORT with **5 ml Heparin** 100 units/ml after treatment and PRN monthly
   - ☑ **VALVED CATHETER** (example: Solo PICC, Groshong):
     - Flush valved catheter with **10 ml 0.9% sodium chloride (Normal Saline)** every 8 hours and PRN after intermittent use. When not in use, flush every 7 days with **5 ml 0.9% sodium chloride (Normal Saline).**
   - ☑ **OPEN-ENDED CATHETER** (example: Pheresis catheter, Hickman PICC):
     - Flush Pheresis or Hickman catheter with **2.5 ml Heparin** 100 units/ml every 8 hours and PRN after intermittent use. When not in use, flush catheter with **2.5 ml Heparin** 100 units/ml once a day.
     - Flush PICC with **2.5 ml Heparin** 100 units/ml every 8 hours and PRN after intermittent use. When not in use, flush catheter with **2.5 ml Heparin** 100 units/ml every 7 days.
   - ☑ **PERIPHERAL IV CATHETER:**
     - Flush peripheral IV catheter with **2.5 ml Heparin** 100 units/ml every 24 hours when catheter is in longer than 24 hours
   - ☑ May keep peripheral IV catheter longer than 72 hours as long as there are no signs and symptoms of redness, pain, or swelling. If signs and symptoms of redness, pain, or swelling discontinue IV and restart as needed.

5. **CVAD DRESSING CHANGE:**
   - ☑ Change dressing every 7 days if using transparent dressing
   - ☑ Change every 2 days if using gauze dressing. Change dressing PRN for non-occlusive or soiled dressing.
   - ☑ Change caps on all lumens at dressing changes and PRN for any signs of blood, precipitate, cracks, leaks, or other defects

6. **OTHER MEDICATIONS:**
   - ☑ A trained RN may declot the central venous access device per Central Venous Access Device: Declotting with Alteplase nursing procedure #734.50. If Alteplase (Cathflo) 2 mg/2 ml is not available, use substitute medication per pharmacy.
   - ☑ Nurse may utilize local anesthetic for Central Venous Access Device (CVAD) access per nursing protocol #788
   - ☑ A trained RN can discontinue PICC line upon a written physician order. If unable to remove PICC notify physician.

7. **PATIENT EDUCATION:**
   - ☑ If patient is discharged with catheter, instruct patient care of the catheter. Notify physician if patient requires prescription for Heparin or saline flushes.

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**NOTE:** These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated, timed and signed below.

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**DATE** | **TIME** | **PHYSICIAN'S SIGNATURE**
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Another brand of drug, identical in form and content, may be dispensed unless checked. ☑

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Franciscan Health System
St. Joseph Medical Center, Tacoma, WA
St. Francis Hospital, Federal Way, WA
St. Clare Hospital, Lakewood, WA
St. Elizabeth Hospital, Enumclaw, WA
St. Anthony Hospital, Gig Harbor, WA

PHYSICIAN ORDERS
IV CATHETER CARE, OUTPATIENT

Revision A