Radiologically Placed Central Catheter  [30400532]

**Height** ____________________________________________________________

**Weight** ____________________________________________________________

**Allergies** ____________________________________________________________

## General

### Type of Catheter

**[X] Type of Catheter Panel**

<table>
<thead>
<tr>
<th>Type of Catheter</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] heparin (porcine) syringe 100 units/mL</td>
<td>100 Units, IntraVenous, Every 8 hours. Heparin (100 units/ml) flush 2.5 ml every 8 hours or PRN after intermittent use. Routine</td>
</tr>
<tr>
<td>[X] sodium chloride 0.9 % (NS) flush syringe</td>
<td>20 mL, IntraVenous, Every 8 hours. 0.9% Sodium Chloride (Normal Saline) flush 20 ml PRIOR to blood draw per nursing policy Routine</td>
</tr>
<tr>
<td>[X] sodium chloride 0.9 % (NS) flush syringe</td>
<td>10 mL, IntraVenous, Every 8 hours. 0.9% Sodium Chloride (Normal Saline) flush 10 ml AFTER each blood draw/infusion followed by Heparin flush when not in use. Routine</td>
</tr>
</tbody>
</table>

### Post Placement Care

**[ ] Catheter tip in super vena cava, and is ready to use** Routine, Until discontinued, Starting today

**[X] Post Placement Care Information**

Routine, Until discontinued, Starting today,
1) May use the central catheter line for IV's and drawing blood samples. 2) Replace all IV lines before using new central catheter, then change per nursing policy. 3) Remove elastic wrap, if present, in 2 hours or if extremity becomes cool or patient c/o numbness of extremity. 4) The trained licensed staff will manage central catheter line dressing changes per nursing policy. 5) The trained RN will discontinue central catheter line once provider order has been placed. (If unable to remove, notify Provider)

**[X] A PICC certified RN or trained RN may declot central catheter line per nursing procedure** Routine, Until discontinued, Starting today

### Declotting of PICC Line

**[ ] alteplase (ACTIVASE) injection 2 mg**

2 mg, IntraVenous, As needed, line care IV Therapy or Resource Nurse to contact pharmacy if dose is needed. Routine

## Diagnostics

**Provider Initial: ____________________________**
Physician Orders

Patient Information

X-ray

[ ] X-ray chest PA or AP

Routine, 1 time imaging, Starting today For 1
Reason for Exam: Line Placement

[ ] Other

Date:_______ Time:________ Printed Name of Ordering Provider:

Provider Signature:__________________________________________________________

Date:_______ Time:________ RN Acknowledged: __________________________________

Provider Initial:__________________