

MRN: _____

Palmetto Infusion Services

Standard Plan of Treatment for Central Line Care/Peripheral IV Start

(Re)Certification Period From _____ to _____

Patient Name _____ **Weight:** _____

Allergies: _____ **Height:** _____

Primary Diagnosis: _____ Secondary diagnosis _____

Orders:

Obtain weight every month (as patient tolerates). Assess Vital Signs pre-treatment. Instruct patient/caregiver on medications, signs/symptoms of adverse reaction. Assess patient response to therapy. Assess catheter site every visit, Report to MD any s/s infection or other problems with site/line.

Supplies needed to administer prescribed therapy.

If Adverse Drug Reaction, Implement the Standing Adverse Reaction Protocol.

Drug(s):

- Normal Saline Flush 5-10ml IVP
- Heparin 100 units/ml 1-5ml IVP
- Heparin 10 units/ml 1-5ml IVP (for pediatric patients)

Catheter Specific Orders:

- Peripheral Site- Initiate/Change IV every 48-72 hours per protocol
- Mediport- Access Mediport per protocol, De-access (per protocol) after flushing, every month.
- External Central Lines (PICC, Hickman, Broviac, Groshong):

Change dressing and cap every week per protocol

Pharmacist to perform clinical drug monitoring

Physician's Signature: _____ / _____ Date: _____

(Dispense as written)

(Substitution permitted)

**Please fax Demographics and Insurance Information to:
TOLL FREE FAX (866) 872-8920**
