Palmetto INFUSION

Phone: 1-800-809-1265 Fax: 1-866-872-8920

MRN:_____

DOB: _____

Standard Plan of Treatment for Line Care - Alteplase (Cathflo® Activase®)

1. Patient Name: _____Height (inches): _____Weight (lbs):_____

2. Allergies: _____

3. Diagnosis:

☐ Primary Diagnosis **ICD-10 Code:** _____**Diagnosis description:**_____

☐ Secondary Diagnosis **ICD-10 Code:** _____**Diagnosis description:**_____

Orders: Obtain weight each visit (as patient tolerates). Monitor vital signs pre-treatment and as needed based on clinical assessment. Instruct patient/caregiver on medications and signs/symptoms of adverse reaction. Assess patient for response to therapy. Assess catheter site every visit. Report any signs or symptoms of infection or other problems with site or line to the referring physician. Supplies needed to complete prescribed therapy. **Pharmacist to perform clinical drug monitoring.** ***If adverse drug reaction occurs, utilize the ADVERSE DRUG REACTION GUIDELINES.*** Start and utilize peripheral IV as needed for treatment of Adverse Reactions. Referring physician will be notified of the end results after treatment.

4. Drug(s):

☐ Sodium Chloride 0.9% IV flush 5-10 ml per line type as required.

☐ Alteplase (Cathflo® Activase®) 2mg intracatheter, x ____ lumen(s).
Instill for no blood return, occluded line, or sluggish flush. After 30 minutes of dwell time, reassess catheter patency by aspirating blood return. If catheter function is not restored after 120 minutes of dwell time, then a second dose may be instilled. Patients weighing less than 30 kg, requires adjusted dosing.

Catheter Specific Orders: Change dressing and cap(s) as required per protocol. If catheter function is restored, aspirate 4-5 ml of blood in patients greater than or equal to 10 kg or 3 ml in patients less than 10 kg to remove Alteplase (Cathflo® Activase®) and residual clot. Flush line with Sodium Chloride 0.9% IV flush 5-20 ml per line type as required. Then flush with Heparin 100 units/ml IV flush per line type required or Heparin 10 units/ml IV flush 1-5 ml per line type as required (for pediatric patients). Notify referring physician if patency not established and further clinical evaluation required.

Special orders: _____

5. Physician's Signature: _____/ _____Date: _____
No Stamp Signatures (Dispense as written) (Substitution permitted)

Printed Physician's Name with Credentials: _____

6. Fax updated supporting clinical MD notes with each order renewal or change in orders

Infusion order forms available at www.palmettoinfusion.com

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Guidelines for Prescribing Central Line Care - Alteplase (Cathflo® Activase®)

(Required documentation with all initial referrals)

Patient Name: _____ **Referral Date:** _____

___ Include signed and completed **Plan of Treatment**. *(MD must complete sections 1-6)*
(Infusion order forms & Standard Adverse Reactions orders are available at www.palmettoinfusion.com under Agency/MD tab)

___ Include patient demographic information and insurance information. (Copy of insurance cards if available)

___ **Supporting clinical MD notes to include rational for line type and/or treatment. Include any documentation on line type, device information, and/or procedure insertion note if available.**

___ Other as requested: _____
_____

** **Warnings/Precautions:** Please counsel patient in risks, side effects, complications, and importance of compliance with care of peripheral IV or central line device. **Cathflo Activase:** should not be administered to patients with known hypersensitivity to alteplase or any component of the formulation. Catheter dysfunction may be caused by a variety of conditions other than thrombus formation, such as catheter malposition, mechanical failure, constriction by a suture, and lipid deposits or drug precipitates within the catheter lumen. These types of conditions should be considered before treatment with Cathflo Activase. Dosing adjustment is required for patients weighing less than 30 kg (110% of the internal lumen volume of CVAD, not to exceed 2mg in 2ml.) When Cathflo Activase is administered for restoration of function to central venous access devices according to the instructions in DOSAGE AND ADMINISTRATION, circulating plasma levels of Alteplase are not expected to reach pharmacologic concentrations. If a 2 mg dose of Alteplase were administered by bolus injection directly into the systemic circulation (rather than instilled into the catheter), the concentration of circulating Alteplase would be expected to return to endogenous circulating levels of 5−10 ng/mL within 30 minutes. The most frequent adverse reaction associated with all thrombolytics in all approved indications is bleeding. See full prescribing information. For Further information on dosing and administration guidelines, www.cathflo.com.

Palmetto Infusion Services will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.

Please fax all information to 1-866-872-8920 or call 1-800-809-1265 for assistance.