Palmetto INFUSION

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

MRN:_____

DOB: _____

Standard Plan of Treatment for Central Line Care of Dialysis or Hemapheresis Catheter

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.

4. Drug(s):

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

☐ Heparin 5000 units/ml 1-4 ml intra-catheter per line type as required

- **Heparin must be withdrawn from the lumen and discarded prior to flushing the catheter**; in order to avoid excess or inadvertent anticoagulation. Instill each catheter line with volume of the line (printed on each lumen). If catheter volume not legible, then the referring MD must specify dosing for each line or documentation of catheter type and flush required. Catheter may only be utilized for infusion with a specific MD order or a life threatening emergency.

Catheter Specific Orders: Flush per protocol. Change dressing and cap(s) every 5-7 days per protocol. **Nursing will verify and document each catheter line volume (printed on each lumen) on the initial visit or if catheter replaced.** This information will be documented below and scanned into medical records for pharmacy dispensing purposes.

Blue port (venous line) volume _____ ml(s) documented by nursing on initial visit date/initial:_____

Red port (arterial line) volume _____ ml(s) documented by nursing on initial visit date/initial:_____

Special orders: _____

Lab 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

Revised 8/23/17

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Guidelines for Prescribing Central Line Care of Dialysis or Hemapheresis Catheter

(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. **Heparin Flush:** Hematologic side effects have included new thrombus formation in association with thrombocytopenia resulting from irreversible aggregation of platelets induced by heparin. Heparin sodium should not be used in patients: with hypersensitivity to heparin; with an uncontrollable active bleeding state, except when this is due to disseminated intravascular coagulation; with inability to perform suitable blood-coagulation tests, e.g., whole-blood clotting time, partial thromboplastin time, etc. at required intervals. There is usually no need to monitor effect of low-dose heparin in patients with normal coagulation parameters. See full prescribing information.

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.

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