



PHYSICIAN ORDER SET :  
**ACCESS AND FLUSH**

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Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Patient Phone #: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_  
 Treatment Start Date: \_\_\_\_\_  
 Provider Facility Name: \_\_\_\_\_ Provider Facility Address: \_\_\_\_\_  
 Ordering Provider: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Complete, Sign, and fax this document to: **CDH Central Scheduling at 413-582-2183**

\*\* Please include H&P/current medications list/allergies, and ensure that med authorizations have been obtained \*\*

**The following orders are suggested for Cooley Dickinson port draw patients:**

**Communication Orders**

- |                          |  |             |             |
|--------------------------|--|-------------|-------------|
| <input type="checkbox"/> | <b>Provider and Nurse Communication</b>  | Every visit | Every visit |
|                          | Routine, Once, Starting when released.   |             |             |
|                          | <i>Insert peripheral IV, or access peripheral, or tunneled catheter, as needed to provide treatment.</i> |             |             |

**Catheter management**

- |                          |  |     |     |
|--------------------------|--|-----|-----|
| <input type="checkbox"/> | <b>sodium chloride (NS) 0.9 % syringe flush 10 mL</b>  | PRN | PRN |
|                          | 10 mL, Intravenous, As needed, line care, PICC with PASV valve or prior to heparin flush in any central line. Starting when released, for 1 Day.   |     |     |
|                          | <i>Use 10 ml after IV medication administration or 20 ml after each blood draw or every 7 days. Use 10 ml to access and de-access port.</i>  |     |     |
| <input type="checkbox"/> | <b>alteplase (CATHFLO) 1 mg/mL injection 2 mg</b>  | PRN | PRN |
|                          | 2 mg, Intra-catheter, Once as needed, line care, IV catheter requiring clearance., Starting when released, For 1 Day   |     |     |
|                          | <i>Instill into each lumen. Adults: 2 mg/2 ml; instill 2 mg into the obstructed port and QS to internal volume of the catheter. Allow to dwell for 30-60 minutes and attempt to aspirate. May repeat x 1 (total cumulative dose = 4 mg).</i> |     |     |
| <input type="checkbox"/> | <b>heparin (PF) 100 unit/mL flush 5 mL</b>   | PRN | PRN |
|                          | 5 mL, Intravenous, As needed, Implanted port, Port-a-cath, or Power Port in place, Starting when released, For 1 Day.  |     |     |
|                          | <i>Instill into each port or lumen after completion of any infusion, blood sampling, or when not in use. Instill when de-accessing or doing a monthly flush to maintain patency if port not in active use.</i>                               |     |     |