



PHYSICIAN ORDER SET :
Access and Flush (Non Onc)

CDH 208-226 – Approved - Page 1 of 2

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**

Catheter management

	Interval	Defer Until	Duration
<input type="checkbox"/> Line Access Routine, As needed, Starting when released, Until Specified. As needed. Until Specified. Insert peripheral IV, or access peripheral, or central venous access device to provide treatment.	PRN		PRN
<input type="checkbox"/> alteplase (CATHFLO) 1mg/mL injection 2 mg 2 mg, Intracatheter, As needed, line care, Starting when released. For central venous access device requiring clearance. May repeat once per lumen. For patients greater than 30 kg: 2 mg in 2 mL using a 10 mL syringe. For patient less than or equal to 30 kg: instill a volume equal to 110% of the internal lumen of CVAD, not to exceed 2 mg in 2 mL.	PRN		PRN
<input type="checkbox"/> lidocaine-prilocaine (EMLA) cream Topical, As needed, apply prior to the PIV insertion or port access, Starting when released. For TOPICAL Use only. Allow at least 1 hour (mild dermal procedures) or at least 2 hours (major dermal procedures) for optimum therapeutic effect.	PRN		PRN
<input type="checkbox"/> heparin (PF) 100 unit/mL flush 5 mL 5 mL, Intravenous, As needed, line care, Starting when released	PRN		PRN
<input type="checkbox"/> heparin (PF) 10 unit/mL flush 3 mL 3 mL, Intravenous, As needed, line care, Starting when released	PRN		PRN
<input type="checkbox"/> heparin (PF) 10 unit/mL flush 5 mL 5 mL, Intravenous, As needed, line care, Starting when released	PRN		PRN
<input type="checkbox"/> heparin (PF) 1000 unit/mL catheter injection 2 mL 2 mL, Intracatheter, As needed, APHERESIS LINE CARE ONLY. HEPARIN MUST BE WITHDRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INFUSING THROUGH THE APHERESIS CATHETER, Starting when released	PRN		PRN



PHYSICIAN ORDER SET :
Access and Flush (Non Onc)

CDH 208-226 – Approved - Page 2 of 2

<input type="checkbox"/> sodium chloride (NS) 0.9% syringe flush 3 mL 3 mL, Intravenous, As needed, Line care per institutional guidelines, Starting when released.	PRN	PRN
<input type="checkbox"/> sodium chloride (NS) 0.9% syringe flush 10 mL 10 mL, Intravenous, As needed, Line care per institutional guidelines, Starting when released.	PRN	PRN
<input type="checkbox"/> sodium chloride (NS) 0.9% syringe flush 20 mL 20 mL, Intravenous, As needed, Line care per institutional guidelines, Starting when released.	PRN	PRN
<input type="checkbox"/> sodium chloride 0.9% infusion 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment, Starting when released	PRN	PRN
<input type="checkbox"/> D5W infusion 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment, Starting when released, For 24 hours	PRN	PRN