

Patient Name
 DOB
 MRN
 Physician
 CSN

Physician's Orders

CENTRAL LINE DRESSING CHANGE/LABS - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER

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Defaults for orders not otherwise specified below:

- Interval: Once
- Interval: Every _____ days

Duration:

- Once
- Until date: _____
- 1 year
- _____ # of Treatments

Anticipated Infusion Date _____ ICD 10 Code with Description _____

Height _____ (cm) Weight _____ (kg) Allergies _____

Site of Service

- CH Gerber
- CH Helen DeVos (GR)
- CH Blodgett (GR)
- CH Lemmen Holton (GR)
- CH Ludington
- CH Pennock
- CH Reed City
- CH Greenville
- CH Zeeland

Provider Specialty

- Allergy/Immunology
- Cardiology
- Gastroenterology
- Genetics
- Infectious Disease
- Internal Med/Family Practice
- Nephrology
- Neurology
- OB/GYN
- Other
- Otolaryngology
- Pulmonary
- Rheumatology
- Surgery
- Urology
- Wound Care

Appointment Requests

- Infusion Appointment Request

Provider Reminder

- ONC PROVIDER REMINDER 20**
 If varying intervals are needed for vascular access, the vascular access plan will need to be applied for each desired interval. Select Add Protocol from the Actions dropdown in the upper right corner to assign an additional plan.

Labs

- Complete Blood Count w/Differential
Clinic Collect, Blood, Venous
- Basic Metabolic Panel (BMP)
Clinic Collect, Blood, Venous
- Comprehensive Metabolic Panel (CMP)
Clinic Collect, Blood, Venous
- Magnesium, Blood Level
Clinic Collect, Blood, Venous
- Phosphorus, Blood Level
Clinic Collect, Blood, Venous
- Prothrombin Time (PT with INR)
Lab Collect, Blood, Venous
- Activated Partial Thromboplastin Time (APTT)
Lab Collect, Blood, Venous
- Iron and Iron Binding Capacity Level
Clinic Collect, Blood, Venous

CONTINUED ON PAGE 2 →

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

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CENTRAL LINE DRESSING CHANGE/LABS - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER (CONTINUED)

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Nursing Orders

- ONC NURSING COMMUNICATION 200**
May Initiate IV Catheter Patency Adult Protocol.

CATHETER CARE: Implantable Venous Port

- CATHETER CARE IMPLANTABLE VENOUS PORT**
 - sodium chloride *STERILE* flush 0.9 % syringe (no charge/kit) 10 mL
10 mL, Intravenous, PRN, Line Care, for Port Access Procedure, Starting when released, Until Discontinued

See Procedure: Implanted Venous Port - Accessing the Port. Attach the *STERILE* syringe to the needless access device, prime the Huber needle tubing, and flush the port when accessing the port.
Selection Condition: This rule should be true if the treatment department on the plan equals any West Infusion Treatment Department including IP departments
 - sodium chloride flush 0.9 % syringe 10 mL
10 mL, Intravenous, PRN, Line Care, Flush with 10 mL before AND after medications/IV fluids and after blood draws., Starting when released, Until Discontinued
 - heparin flush 100 UNIT/ML injection 500 Units
5 mL, Intravenous, PRN, Line Care, Heparin Flush once. Flush before de-accessing port prior to discharge and minimally every 12 weeks if not accessed., Starting when released, Until Discontinued
 - sodium chloride 0.9% (NS) infusion
20 mL/hr, Intravenous, PRN, Other, To be used as a flush solution as needed to minimize the number of times the IV solution is accessed., Starting when released, Until Discontinued

Procedure

- Dressing change per protocol**
 - Change dressing
Routine, PRN Starting when released Until Specified

Refer to Intravenous Catheter Patency Protocol <https://spectrumhealth.policytech.com/docview/?docid=42863&anonymous=true>

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED:		VALIDATED:		ORDERED:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
			R.N. Sign		Physician Print	Physician Sign

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