

## PH OP Infusion/PICC Misc Orders Smart Set [1487]

Infusion Center Location: _____	Start Date: _____
Diagnosis/Indication: _____	
Authorization Number: _____	J-Code/CPT/Misc. Code: _____

### IV / PICC

#### IV Care

- |   |   |
|---|---|
| <input type="checkbox"/> Insert PICC line (MCPB, STJO, & RBPV only) | Routine, Once, OP Blood Infusion<br>Reason for PICC: _____<br>Type of PICC: _____   |
| <input type="checkbox"/> PICC line removal                          | Routine, Once, OP Blood Infusion<br>PICC Line: _____  |
| <input type="checkbox"/> Access & Use Central Line/CVAD             | Routine, As needed, OP Blood Infusion<br>Device Type: _____<br>External Location: _____   |
| <input type="checkbox"/> Therapeutic Phlebotomy - IV                | Routine, Once, OP Blood Infusion<br>Proceed for hemoglobin greater than: _____<br>Proceed for Ferritin greater than: _____<br>Proceed for HCT greater than: _____<br>Remove (volume): _____   |
| <input checked="" type="checkbox"/> alteplase (CATHFLO) injection   | 2 mg, Intra-Catheter, Once, For 2 Doses, OP Blood Infusion<br>Reconstitute with 2.2 mL Sterile Water to the vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix by gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL.<br>Instill medication in non-functional lumen. Do not use lumen while dwelling. Allow to dwell 30 minutes and check for patency by drawing back on lumen for blood return. If line is still not patent, allow medication to dwell an additional 90 minutes. Dwell time not to exceed 120 min. Use second dose of Alteplase (Cathflo) if catheter not patent after 120 min. If the catheter is functional, aspirate and waste the medication and residual clot prior to flushing the line. |
| <input type="checkbox"/> Insert Midline (STJO Only)                 | Routine, Once, OP Blood Infusion  |
| <input type="checkbox"/> XR Chest for PICC Placement                | Normal, Routine, Ancillary Performed, OP Blood Infusion   |

#### Nursing

- |   |   |
|---|---|
| <input type="checkbox"/> Insert peripheral IV   | Routine, Once For 1 Occurrences, OP Blood Infusion  |
| <input type="checkbox"/> Implanted Port Panel   | Routine, As needed, Starting Today, Until Specified, Pre-op   |
| <input checked="" type="checkbox"/> Access & Use Central Line/CVAD                        | Verify with provider OK to use prior to accessing.<br>Device Type: _____<br>External Location: _____          |
| <input checked="" type="checkbox"/> Initiate Central Line (Non-PICC) Maintenance Protocol | Routine, Continuous, Starting Today, Until Specified, Pre-op  |
| <input checked="" type="checkbox"/> heparin, porcine (PF) 100 unit/mL flush 500 Units     | 500 Units (5 mL), IV, Once, As Needed, Other, For De-access use only, Starting Today, For 1 dose, Pre-op      |
| <input checked="" type="checkbox"/> De-access Vascular Access Device                      | Routine, As needed, Starting Today, Until Specified, Pre-op<br>Device Type: _____<br>External Location: _____ |

#### Initials

Place patient label here



<input checked="" type="checkbox"/>	lidocaine (PF) (XYLOCAINE-MPF) 10 mg/mL (1 %) injection 2 mL	2 mL, Intradermal, Once As Needed, Other, Chest Port Access, Starting Today, For 1 Dose, Pre-op
<input checked="" type="checkbox"/>	lidocaine-prilocaine (EMLA) 2.5-2.5 % cream	Topical, Once As Needed, Other, For use when accessing CVAD, Starting Today, For 1 Dose, Pre-op Apply EMLA cream 30-60 minutes prior to accessing device. Clean anesthetic cream off prior to using an antiseptic to clean and access port.
<input checked="" type="checkbox"/>	Sodium Chloride 0.9% injection 1 mL	1mL, Intradermal, As Needed, Other, For numbing for port access only, Starting Today, Pre-op
<input checked="" type="checkbox"/>	Sodium Chloride (NS) flush 10-20 mL	10-20 mL, IV, As Needed, Line Care, Starting Today, Pre-op Per PICC or Central Line (Non-PICC) Maintenance Protocol Routine, As needed, Starting Today, Until Specified, Pre-op Verify with provider OK to use prior to accessing.
<input checked="" type="checkbox"/>	Access & Use Central Line/CVAD	Device Type: _____ External Location: _____
<input type="checkbox"/> PICC Protocol/Line Care		
<input type="checkbox"/>	Insert PICC line	Routine, Once For 1 Occurrences, OP Blood Infusion Reason for PICC: _____ Type of PICC: _____
<input checked="" type="checkbox"/>	Initiate PICC Maintenance Protocol	Routine, Continuous, OP Blood Infusion
<input checked="" type="checkbox"/>	sodium chloride (NS) 0.9 % flush	10-20 mL, IV, As Needed, Line Care, OP Blood Infusion Per PICC Maintenance Protocol
<input checked="" type="checkbox"/>	lidocaine (PF) (XYLOCAINE-MPF) 10 mg/mL (1 %) injection	0.25 mL, Intradermal, Once, For 1 Doses, OP Blood Infusion For PICC Placement
<input type="checkbox"/>	Nurse Communication	Routine, Until discontinued, Starting Today, OP Blood Infusion Instructions: Confirm tip location by use of 3CG or place order for Chest ray per protocol.

Wound / Dressings

Wound Care / Dressings

<input type="checkbox"/>	Apply dressing	Routine, Every shift, OP Blood Infusion
<input type="checkbox"/>	Change dressing	Routine, Every morning, OP Blood Infusion
<input type="checkbox"/>	Dressing check	Routine, Once, OP Blood Infusion
<input type="checkbox"/>	Reinforce Dressing	Routine, Once, OP Blood Infusion
<input type="checkbox"/>	Remove dressing	Routine, Once, OP Blood Infusion
<input type="checkbox"/>	Wound care	Routine, Every shift, OP Blood Infusion
<input type="checkbox"/>	Wound dressing	Routine, Every shift, OP Blood Infusion
<input type="checkbox"/>	Wound care routine (specify)	Routine, Once, OP Blood Infusion

Communication Orders

Communication Orders

<input type="checkbox"/>	Hold Chemotherapy	OP Blood Infusion
<input type="checkbox"/>	Nursing Communication	OP Blood Infusion
<input type="checkbox"/>	Treatment Hold and Contact Parameters	OP Blood Infusion
<input type="checkbox"/>	Physician Communication	OP Blood Infusion
<input type="checkbox"/>	Treatment Lab Instructions	OP Blood Infusion
<input type="checkbox"/>	If ____, then ____ (Specify)	Routine, Until discontinued, Starting Today, OP Blood Infusion

Referral

PH Referral to Infusion Therapy

<input checked="" type="checkbox"/>	Ambulatory referral to Infusion Therapy	Internal Referral
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Provider Signature

EHR User ID

Date

Time

Initials

Place patient label here