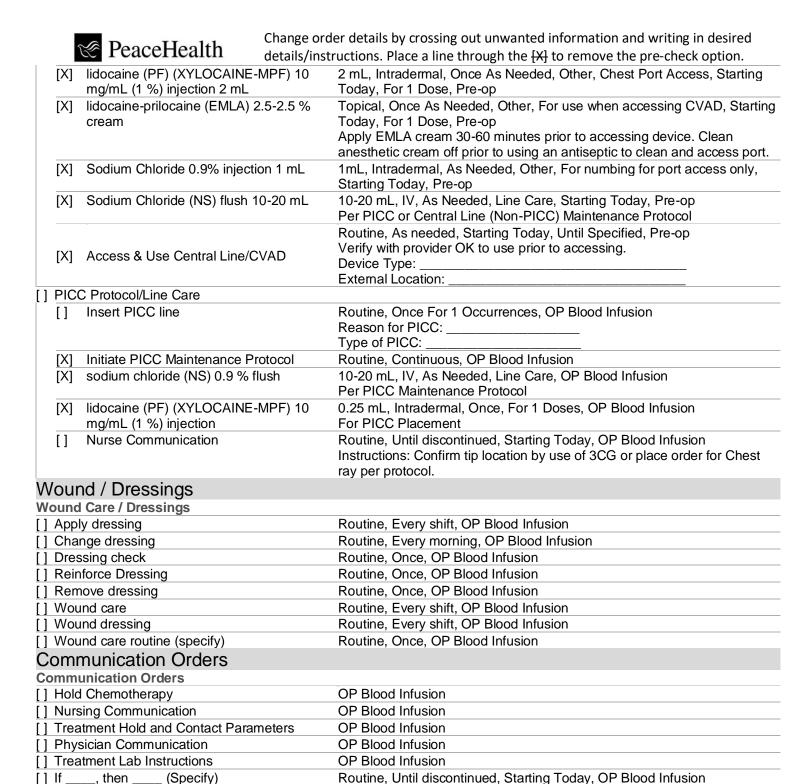


Change order details by crossing out unwanted information and writing in desired details/instructions. Place a line through the $\frac{X}{Y}$ to remove the pre-check option.

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

	Infu	sion Center Location:	St	Start Date:			
	Dia	gnosis/Indication:					
	Aut	horization Number:	J-Code/CPT/Misc. Code:				
I\/	/ P						
IV Care [] Insert PICC line (MCPB, STJO, & RBPV only)			Routine, Once, OP Blood Infusion Reason for PICC: Type of PICC:				
[] PICC line removal			Routine, Once, OP Blood Infusion PICC Line:				
[] Access & Use Central Line/CVAD			Routine, As needed, OP Blood Infusion Device Type: External Location:				
[] Therapeutic Phlebotomy - IV			Routine, Once, OP Blood Infusion Proceed for hemoglobin greater than: Proceed for Ferritin greater than: Proceed for HCT greater than: Remove (volume):				
[X]alteplase (CATHFLO) injection			2 mg, Intra-Catheter, Once, For 2 Doses, OP Blood Infusion 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. 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.				
[] Insert Midline (STJO Only)			Routine, Once, OP Blood Infusion				
[] XR Chest for PICC Placement			Normal, Routine, Ancillary Performed, OP Blood Infusion				
	rsin						
				Routine, Once For 1 Occurrences, OP Blood Infusion			
	IMDI [X]	anted Port Panel Access & Use Central Line/CVAD	Routine, As needed, Starting Today, Until Specified, Pre-op Verify with provider OK to use prior to accessing. Device Type: External Location:				
[X] Initiate Central Line (Non-PICC) Maintenance Protocol Routine, Continuous, Starting Today, Until Specified, Pre-							
	[X]	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				
	[X]	De-access Vascular Access Device	Routine, As needed, Starting Today, Until Specified, Pre-op Device Type: External Location:				
	Ir	nitials					
		Place patient label here		Page 1 of 2 PH OP INFUSION/PICC MI	SC ORDERS SMART SET		

Prog & Orders



Referral

PH Referral to Infusion Therapy

[] If ____, then ____ (Specify)

[X] Ambulatory referral to Infusion Therapy Internal Referral

	Provider Signature	EHR User ID	Date	Time
Initials				
		Page 2 of 2		EHR1307-DT (9/10/2024)

PH OP INFUSION/PICC MISC ORDERS SMART SET

Place patient label here

Prog & Orders