



Riverbend Medical Center Regional Infusion Center (RIC)
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Phone 541-222-6280 Fax 541-349-8006

Line placement orders (v. 02/20/2025)

Diagnosis/Indication for PICC (ICD-10): _____

Allergies: · Tape · Lorazepam (Ativan) · Chlorhexidine · Other: _____

Medications:

- Lorazepam (Ativan) 0.5 mg PO as needed for anxiety about line placement. May repeat x 1 if necessary.
- Lidocaine 1% 1 mL intradermal as needed for anesthetic prior to line placement. May repeat x 1 if necessary.
- First dose medication to be given at time of line placement: _____

Nursing communications:

- Vital signs: as needed
- Send line placement confirmation to follow up line care provider _____

Labs:

- Draw labs at line placement _____

Access:

- Place midline- expected IV infusion 2-4 week duration
- Place PICC (peripherally inserted central catheter) line- expected IV infusion up to 6 months

Emergency Medications:

- § Diphenhydramine (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (\geq 20 points in SBP), nausea, urticaria, chills, pruritic).
-- Administer 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider.
- § MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of mild to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (\geq 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl).
Contact provider if given.
- § Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg. Avoid use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given.
- § Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.
- § Emergency medications can be given IM if IV route unavailable

Patient name: _____

Provider printed name: _____

DOB: _____

Provider signature: _____

Height _____ Weight _____

Date: _____ Time: _____