

*Generic substitute unless checked

ORDERS ARE IN EFFECT UNLESS CROSSED OUT.
Exceptions: Orders preceded by a box (☐) require a ✓ to initiate order.
Orders with blanks indicate additional information is needed.

*Date _____ *Patient name: _____ *DOB: _____

*Diagnosis: _____

Allergies: _____

*Time _____ **Outpatient admit:** Series One time

Code status: Full code DNR Medications only Other (specify) _____

Vital signs:..... Per protocol Other (specify) _____

Access port per protocol (using sterile technique, etc.)

Frequency of port access: One time order Biweekly Weekly Monthly
 Other (specify) _____

Draw blood for labs: Yes No

Lab draws:..... CBC CMP Hgb and HCT PT Renal BMP
 Other (specify) _____

If not drawing blood for labs, check patency of line by drawing back to get blood return and then flushing with 20 mL NS. Follow with 5 mL 100 units/mL Heparin prior to de-accessing port.

If port flushes, but does not give blood return, try repositioning the patient (sitting up straighter, lying flat, arm above head, etc.)

If port does not give blood or flush, use following protocol for Cathflo-Activase:

- For patient > 30 kg: Instill 2 mg/mL into the occluded lumen
- For patient < 30 kg: Instill volume equivalent to 100% the volume of the occluded lumen (up to 2 mg/mL)
- May repeat the ordered dose after 120 minutes if blood still cannot be aspirated from the access device.

Always flush port with 5 mL 100 units/mL Heparin prior to de-accessing.

When finished, de-access per protocol.

Additional orders: _____

*Healthcare provider's signature: _____ *Date: _____ *Time: _____

*Denotes field that must be completed by healthcare worker

FAX to 503-815-7515

Physician Order Form: Port Flush

{ Patient label }



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