



**PHYSICIAN'S ORDERS  
ORDONNANCES MÉDICALES**

<b>Medication Allergies/Reactions</b>  <input type="checkbox"/> none known-aucune connue	<b>Substances or Food Allergies/Reactions</b>  <input type="checkbox"/> none known-aucune connue
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**CENTRAL VENOUS ACCESS DEVICE (CVAD): Heparinization/Maintenance of Idle Lumens**

**\*\*This form to be used only if heparin use is not contraindicated\*\***

**FLUSH SOLUTION**

10 units/mL of heparin - prepared from 1 mL of heparin 100 units/mL + 9 mL NS  
or 10 units/mL concentration if available

Except Hemodialysis/Plasmapheresis Catheters (see below)

Refer to policy NSG-2-144 CVAD: Blood Procurement / Flushing

INIT	TYPE OF CATHETER	AMOUNT AND TYPE OF SOLUTION FOR EACH LUMEN	FREQUENCY
<input type="checkbox"/>	Percutaneous single & triple lumen	20 mL NS followed by 10 mL heparin flush solution	Every 24 hrs and after each use
<input type="checkbox"/>	Tunneled/Cuffed (eg. Hickman)	20 mL NS followed by 10 mL heparin flush solution	Every 6 days and after each use
<input type="checkbox"/>	Implanted Port	<b>If Huber point needle left in situ for intermittent accessing:</b> 20 mL NS followed by 10 mL heparin flush solution	Every 24 hrs and after each use
		<b>If Huber point needle is to be removed:</b> 20 mL NS followed by 5 mL heparin 100 units/mL (total 500 units)	Prior to removal and every 4 weeks (monthly) when not in use
<input type="checkbox"/>	PICC (closed-ended eg. Groshong)	20 mL NS	Every 6 days and after each use
<input type="checkbox"/>	PICC (open-ended eg. Cook)	20 mL NS followed by 10 mL heparin flush solution	Every 6 days and after each use
<input type="checkbox"/>	Hemodialysis/Plasmapheresis Catheter	For anticoagulation of Hemodialysis/Plasmapheresis catheters, refer to Physician's Order Sheet: Instillation of Hemodialysis/Plasmapheresis Catheters via Interlink Adaptor (CAP) When Accessed by Non-Dialysis Nurses (SPO 147)	
<input type="checkbox"/>	Other		
<input type="checkbox"/>	To correct complete or withdrawal occlusions	Instill 2 mg Alteplase (tPA, Cathflo); allow to dwell for 30 minutes. Attempt to aspirate blood. If unsuccessful, allow to dwell for additional 90 minutes. If Central Venous Access Device (CVAD) remains occluded, may repeat 2 mg Alteplase dose. Refer to Policy NSG -2-147 CVAD: Restoring Patency	

NS- 0.9% Sodium Chloride for injection

PICC- Peripherally Inserted Central Catheter

Date:	Time-Heure:	Physician's-Médecin printed-imprimé:	Signature:
Date (noted-notée):	Time-Heure:	Processed by-Traînée par:	Signature (Nurse-Infirmière):