



Oregon Health & Science University  
Hospital and Clinics Provider's Orders

PO7071



ADULT AMBULATORY INFUSION ORDER  
**Capped Catheter Flush**

Page 1 of 2

ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

*Patient Identification*

**ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.**

Weight: \_\_\_\_\_ kg      Height: \_\_\_\_\_ cm

Allergies: \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_

Treatment Start Date: \_\_\_\_\_ Patient to follow up with provider on date: \_\_\_\_\_

**\*\*This plan will expire after 365 days at which time a new order will need to be placed\*\***

**MEDICATIONS:**

**Central Catheters:**

- heparin (100 units/mL) syringe: 500 units/5 mL IV flush, AS NEEDED x \_\_\_\_\_ lumens**  
Flush with 5 mL after each use or once daily and as needed to maintain patency
  - Hickman/Broviac Catheters
  - Central Venous Catheters – percutaneous open ended
  - Power PICC or Arrow PICC
  - Midline – open ended
  
- sodium chloride 0.9%: 10 mL IV flush, AS NEEDED x \_\_\_\_\_ lumens**  
Flush valved catheters with 10 mL after each use or weekly and as needed to maintain patency. Flush with 10 mL prior to blood draw and 20 mL following blood draw.
  - Groshong, Groshong Midline, Groshong Implanted Port
  - PICC, Power PICC
  - PASC CVC
  
- sodium chloride 0.9%: 10 mL IV flush**  
**- and -**  
**heparin (100 units/mL) IV syringe: 500 units/5mL IV flush, AS NEEDED x \_\_\_\_\_ lumens**  
Flush Neostar with 10 mL sodium chloride followed by 5 mL heparin after each use or three times weekly and as needed to maintain patency. Flush with 10 mL sodium chloride prior to blood draw and 20 mL sodium chloride following blood draw, followed by 5 mL heparin.
  
- alteplase (CATHFLO ACTIVASE): 2 mg INTRACATHETER, AS NEEDED x \_\_\_\_\_ lumens**  
Instill for no blood return, occluded line, or sluggish flush

**Peripheral Lines:**

- sodium chloride 0.9%: 2 mL IV flush, AS NEEDED**  
Flush peripheral line with 2 mL after each use or once daily and as needed to maintain patency.

**Other:**

- heparin (10 units/mL): 50 units/5 mL IV flush, AS NEEDED x \_\_\_\_\_ lumens**
- heparin (1 unit/mL): 5 units/5 mL IV flush, AS NEEDED x \_\_\_\_\_ lumens**



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**NURSING ORDERS:**

1. Refer to nursing and IV therapy guidelines for care of central venous catheters.
2. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, dec clotting (alteplase), and/or dressing changes.

**By signing below, I represent the following:**

I am responsible for the care of the patient (*who is identified at the top of this form*);

I hold an active, unrestricted license to practice medicine in:  Oregon  \_\_\_\_\_ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

**My physician license Number is # \_\_\_\_\_ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION);** and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

<b>Provider signature:</b> _____	<b>Date/Time:</b> _____
<b>Printed Name:</b> _____	<b>Phone:</b> _____ <b>Fax:</b> _____

OLC Central Intake Nurse:

Phone: 971-262-9645 (providers only) Fax: 503-346-8058

**Please check the appropriate box for the patient's preferred clinic location:**

- |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Beaverton</b><br>OHSU Knight Cancer Institute<br>15700 SW Greystone Court<br>Beaverton, OR 97006<br><b>Phone number: 971-262-9000</b><br><b>Fax number: 503-346-8058</b>                       | <input type="checkbox"/> <b>NW Portland</b><br>Legacy Good Samaritan campus<br>Medical Office Building 3, Suite 150<br>1130 NW 22nd Ave.<br>Portland, OR 97210<br><b>Phone number: 971-262-9600</b><br><b>Fax number: 503-346-8058</b> |
| <input type="checkbox"/> <b>Gresham</b><br>Legacy Mount Hood campus<br>Medical Office Building 3, Suite 140<br>24988 SE Stark<br>Gresham, OR 97030<br><b>Phone number: 971-262-9500</b><br><b>Fax number: 503-346-8058</b> | <input type="checkbox"/> <b>Tualatin</b><br>Legacy Meridian Park campus<br>Medical Office Building 2, Suite 140<br>19260 SW 65th Ave.<br>Tualatin, OR 97062<br><b>Phone number: 971-262-9700</b><br><b>Fax number: 503-346-8058</b>    |

Infusion orders located at: [www.ohsuknight.com/infusionorders](http://www.ohsuknight.com/infusionorders)