

# Vascular Access Consultation Order Form

SOMC Cancer Center & Infusion

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## PATIENT & PRESCRIBER INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Patient Address: \_\_\_\_\_

Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_  lbs.  kg. Allergies: \_\_\_\_\_

Prescriber Name/Title: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Prescriber NPI #: \_\_\_\_\_

**REQUIRED:** Most Recent H&P, clinical notes, & medication list are required unless the patient is established with SOMC. Supporting clinical notes should include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.

## DIAGNOSIS, CLINICAL INFORMATION, & PRESCRIPTION

- Consult for Vascular Access Placement
- Insert PICC/MIDLINE as needed
- Remove PICC/MIDLINE at end treatment course
- Flush access per manufacturer guidelines
- For occluded catheter, use Cathflo (alteplase) 2 mg (2 ml), retain in catheter 30 min - 2 hours, may instill 2nd dose if remains occluded.

Dressing changes once a week (if applicable please check)

Lab order(s) (if applicable):

- CBC  at each dose or  every \_\_\_\_\_
- CBC w/ Diff  at each dose or  every \_\_\_\_\_
- CMP  at each dose or  every \_\_\_\_\_
- Other – \_\_\_\_\_

Rationale for Vascular Access: \_\_\_\_\_

Medication to be delivered and duration (this information is important to determine the appropriate vascular access device):

If the medication is to be administered through SOMC Infusion, please use a separate form. There are specific forms for medications. If you cannot find the form you need, use the General Infusion Order form. Order forms are located at:  
<https://www.somc.org/services/ambulatory-infusion-clinic/>

PROVIDER:

DATE:

TIME:

SIGNATURE:

**Southern Ohio  
Medical Center**

*Very Good things are happening here*

Created: 07/11/24	P & T Comm.
Reviewed & Approved	08/19/24
Next Review Date	08/19/26
Version	V08192024.0