

Venous Access Port, PICC Line & Midline/Extended Dwell Maintenance 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

(Check all that apply)

Implanted Venous Access Ports

Order(s)

- Flush with 20 mL of 0.9% NaCl after infusion and as needed
- Flush with 5 mL of 100 u/mL of heparin flush after infusion
- Dressing change and Huber needle changer per protocol every 7 days and as needed

_____ OR _____

PICC Line/Midline/Extended Dwell Maintenance

Order(s)

- Flush with 20 mL of 0.9% Normal Saline after infusion and as needed
- Dressing changes per protocol every 7 days and as needed

Additional order(s) _____

Lab order(s)

- CBC every _____
- CBC w/ Diff every _____
- CMP every _____
- Other – _____

PROVIDER:

DATE:	TIME:	SIGNATURE:
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