



Print Patient Name (Required)

DOB

Height (cm): _____
 Weight (kg): _____
 BSA (m²): _____
 Allergies: _____

Place Patient Barcode Here

| Date/Time | PHYSICIAN'S ORDERS | Date/Time | PROGRESS NOTES |
|--|--|-----------|----------------|
| | NS and Heparin Flush Protocol Orders: | | |
| | For all infants up to 6 months of age, use preservative free heparin. | | |
| | If continuous IV therapy is being used, heparinization is not required. | | |
| Peripheral INT flushing | | | |
| <input type="checkbox"/> | Flush with 0.5-1 ml. of normal saline (NS) every 6 hrs | | |
| <input type="checkbox"/> | After blood draw or Blood administration flush with 3 ml NS. *NICU-push with 0.5-1 ml to clear line. May repeat once. | | |
| Central lines (Broviac, femoral, jugular, PICC) | | | |
| | To maintain catheter patency, heparin flush solution is used once a day for Broviac, femoral and Jugular lines, every 12 hours for PICC lines. | | |
| | If intermittently infusing medication or IV fluids, flush with saline before and after medication. Follow with Heparin flush using the following doses: | | |
| <input type="checkbox"/> | <5 kg: 0.5 ml (10 units/ml) | | |
| <input type="checkbox"/> | < 10 kg: 1 ml (10 units/ml) | | |
| <input type="checkbox"/> | ≥ 10 kg: 3 ml (10 units/ml) | | |
| <input type="checkbox"/> | Other: | | |
| Port heparin flush | | | |
| <input type="checkbox"/> | To maintain catheter patency when port is accessed, flush with heparin solution 5 ml (10 units/ml) once a day or after a medication. | | |
| <input type="checkbox"/> | If intermittently infusing medication or IV fluids, flush with saline before and after medication. Follow with heparin flush 5 ml (100 units/ml) prior to de-accessing port. When not in use heparin flush with 5 ml at least every 4 weeks. | | |

PHYSICIAN Signature: _____ Date/Time _____

PHYSICIAN Printed Name: _____

Nurse Signature _____ Date/Time _____