Spectrum Health

Physician's Orders VASCULAR ACCESS/LINE CARE - ADULT, OUTPATIENT, INFUSION CENTER

Patient Name
DOB
MRN
Physician
FIN

Defaults for orders not otherwise specified below:
- ☐ Interval: Every _____ day(s)
- ☐ Interval: Once

Duration:
- ☐ Until date: _____
- ☐ 1 year
- ☐ _____# of Treatments

Anticipated Infusion Date_____ ICD 10 Code with Description_____

Height_____(cm) Weight_____(kg) Allergies_____

Provider Specialty

☐ Allergy/Immunology	☐ Infectious Disease	☐ OB/GYN	☐ Rheumatology
☐ Cardiology	☐ Internal Med/Family Practice	☐ Other	☐ Surgery
☐ Gastroenterology	☐ Nephrology	☐ Otolaryngology	☐ Urology
☐ Genetics	☐ Neurology	☐ Pulmonary	☐ Wound Care

Site of Service

☐ SH Gerber	☐ SH Lemmen Holton (GR)	☐ SH Pennock	☐ SH United Memorial
☐ SH Helen DeVos (GR)	☐ SH Ludington	☐ SH Reed City	☐ SH Zeeland

Appointment Requests

☑ Infusion Appointment Request

Status: Future, Expected: S, Expires: S+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Injection and possible labs

Provider Reminder

☑ ONC PROVIDER REMINDER 20

If varying intervals are needed for vascular access, the vascular access plan will need to be applied for each desired interval. Select Add Protocol from the Actions dropdown in the upper right corner to assign an additional plan.

Medications

	Interval	Duration
☐ **Med Ms Local Analgesia: Lidocaine-prilocaine (emla), Lidocaine 4% (lmx), Lidocaine 1% Injection Prn (when Released)**		
☑ lidocaine-prilocaine (EMLA) cream 1 Application	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
1 Application, Topical, PRN, Topical Anesthesia, Choose if local analgesia is needed in 45 minutes or more, Starting S		
☑ lidocaine (LMX) 4 % cream	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
Topical, PRN, Other, Choose if local analgesia is needed in 30-45 minutes, Starting S		
☑ lidocaine (PF) 1 % injection 1 mL	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
1 mL, Intradermal, PRN, Use 0.25 mL to 1 mL for IV start, Starting S		

CONTINUED ON PAGE 2 ➔

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.

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VASCULAR ACCESS/LINE CARE - ADULT, OUTPATIENT, INFUSION CENTER *(CONTINUED)*

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Labs

		Interval	Duration
☐	Complete Blood Count w/Differential	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
	Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous		
☐	Basic Metabolic Panel (BMP)	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
	Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		
☐	Comprehensive Metabolic Panel (CMP)	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
	Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous		
☐	Magnesium, Blood Level	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
	Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		
☐	Phosphorus, Blood Level	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
	Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		
☐	Prothrombin Time (PT with INR)	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
	Status: Future, Expected: S, Expires: S+365, URGENT, Lab Collect, Blood, Blood, Venous		
☐	Activated Partial Thromboplastin Time (APTT)	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
	Status: Future, Expected: S, Expires: S+365, URGENT, Lab Collect, Blood, Blood, Venous		
☐	Iron and Iron Binding Capacity Level	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
	Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous		
☐	Other Labs: _____	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments

CATHETER CARE: Peripheral Inserted Central Catheter

		Interval	Duration
☐	**Catheter Care Peripheral Inserted Central Catheter**		
☑	sodium chloride flush 0.9 % syringe 10 mL	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments

10 mL, Intravenous, PRN, Line Care, Flush each lumen 10 mL before AND after medications/IV fluids and after blood draws, Starting S

CONTINUED ON PAGE 3 ➔

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CATHETER CARE: Peripheral Inserted Central Catheter (continued)

	Interval	Duration
☑ heparin flush 100 UNIT/ML injection 500 Units	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments

5 mL, Intravenous, PRN, Line Care, Flush each lumen with 5 mL heparin 100 units/mL concentration, Starting S

	Interval	Duration
☑ sodium chloride 0.9% (NS) infusion	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments

20 mL/hr, Intravenous, PRN, To be used as a flush solution as needed to minimize the number of times the IV line is accessed., Starting S

CATHETER CARE: Implantable Venous Port

	Interval	Duration
☐ **Catheter Care Implantable Venous Port**		
☑ sodium chloride flush 0.9 % syringe 10 mL	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments

10 mL, Intravenous, PRN, Line Care, Flush with 10 mL before AND after medications/IV fluids and after blood draws. Follow with heparin flush if port is assessed but not in use., Starting S

	Interval	Duration
☑ heparin flush 100 UNIT/ML injection 500 Units	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments

5 mL, Intravenous, PRN, Line Care, Heparin Flush every 24 hours if port assessed but not in use, before de-accessing port and minimally every month if not accessed., Starting S

	Interval	Duration
☑ sodium chloride 0.9% (NS) infusion	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments

20 mL/hr, Intravenous, PRN, Other, To be used as a flush solution as needed to minimize the number of time the IV line is accessed., Starting S

Procedure

☑ **Dressing Change Per Protocol**

☑ Change dressing

Routine, PRN, Starting S For Until specified

Refer to Intravenous Catheter Patency Protocol https://spectrumhealth.policytech.com/dotNet/documents/?docid=42863

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED: TIME	DATE	VALIDATED: TIME	DATE	ORDERED: TIME	DATE	Pager #
	Sign		R.N. Sign		Physician Print	Physician

EPIC VERSION DATE:

