

**Provider Orders for:
CVC Patency Orders**

Patient Name: _____
DOB: _____

Date: _____ **Time:** _____ **Diagnosis:** _____

Device Patency Maintenance:

- Flush each lumen (if double lumen device) with 5 mL Heparin 100 units/mL IV per policy
- Ensure patient with CVC device is flushed **prior to discharge**
- Repeat every _____ weeks
- This order is good until _____ (date).

For Clotted Long Term Vascular Access Devices follow these steps:

- Portable CXR to check catheter tip location
- Alteplase (Cathflo) 2 mg reconstituted per package instructions, instilled in CVC; [final concentration is 1mg/1mL]**
- Instill per nursing policy **CENTRAL VASCULAR ACCESS DEVICE MANAGEMENT**
- May repeat times 1 (one) IF catheter remains occluded after 120 minutes
- When blood return is *successful*, aspirate the first 5 to 10 mL of blood, *discard*, and flush catheter with two 10 mL NS flushes

Other Orders: _____

Authorized Prescriber Signature: _____ **Date:** _____ **Time:** _____
83ECVCPM 02/19 (for verbal/telephone orders)