

Note: This is a SAMPLE only. This document is meant to guide in the development of a pre-printed order. Revision is necessary based on specific organization requirements.

Providence HEALTH CARE	PRESCRIBER'S ORDERS			
NO DRUG WILL BE DISPENSED OR				
ADMINISTERED WITHOUT A COMPLETED				
<u>CAUTION SHEET</u>				

Draft Sample ONLY

DATE AND TIME		PROTOCOL FOR BLOCKEI E (CVAD) WITH OTHER AGE			
	CRITERIA: CVCS INDICATED:	Occlusion not responsive to 2 instillad Medication profile reviewed and Phate occlusion (i.e. chemotherapy, at Patient receiving total parenteral numpossible cause of occlusion. Tunneled Hickman and Groshong Peripherally Inserted Central Cather Implanted CVAD (IVAD, "dome", "possible cause of occlusion.	armacy consulted re: possible intibiotics, etc.). trition (TPN) with lipids – lipid		
	Note: Not indicated for hemodialysis (HD) CVAD; refer to specific HD protocol for occlusion management				
		T: Ethanol alcohol 70% 2 mL in 3 Hydrochloride (HCl) solution 2 in Sodium bicarbonate solution (Note Number of lumens: (reclified IV Team / RN staff, or Physician)	mL in 3 mL syringe aHCO3) 2 mL in 3 mL syringuire 1 syringe per lumen)	nge	
	Instill agent (as above) into blocked CVAD lumen. If CVAD lumen is completely blocked, ensure negative pressure is achieved for instillation:				
		Use 3 WAY stop-cock with agent sy Use push-pull method on syringe wi Wait minimum of 1 hour, then attem	ith agent	e or	
		If unsuccessful after 1st attempt, instill a 2nd dose as above into the CVAD lumen ar leave for another 24 hours – notify Pharmacy for 2nd dose.			
4	If unable to aspirate after the 2 nd dose, flush CVAD with normal saline (if possible), cap lumen off and contact the physician. Consult Nurse Educator for IV Therapy to determine course of action for occlusion not responsive to agent.				
	Printed Name	Signature	College ID	Pager	