

Medication Order Set

Phone (616) 394-3547

 = Optional Order ● = Routine Order (Cross out and initial **BULLETED ORDERS** that do not apply)

Fax (616) 394-2139

ORDERS

Date: _____ Time: _____ Diagnosis Code: (ICD-10) _____

Patient Name: _____ Date of Birth: _____ Weight: _____ (kg)

Allergies: _____

Medication: _____

Route: _____ Dose: _____ Frequency: _____ Duration: _____

Other orders:

- PICC line dressing change and maintenance per HH protocol.
- Remove PICC line on: _____ (date)

CENTRAL LINE DECLOTTING TREATMENTS & PROCEDURES *(For patients with central line devices ONLY)*
Contraindications: Active internal bleeding, hypersensitivity to alteplase or any other component of the formulation.

Initiate orders whenever the blood flow/return FIRST BECOMES sluggish, and/or there is no blood return from the central line (except if contraindication(s) listed above are present).

- Instill Heparin 5 mL (100 units/mL), wait 5 minutes. Attempt to aspirate 5 mL from the access device/line.
- Repeat instillation of Heparin 5 mL (100 units/mL) if line/blood return remains sluggish and/or no blood return. IF HEPARIN INSTILLATION DOES NOT DECLOT THE LINE:
- Instill 2 mL of alteplase 2 mg (Cathflo), then clamp line.
- After 30 minutes, attempt to aspirate alteplase.
- If unable to aspirate, allow alteplase to remain in device.
- May check / aspirate for blood return every 30 minutes, up to 120 minutes.
- Repeat instillation of 2 mL of alteplase 2 mg (Cathflo), one time, a minimum of 120 minutes after the first instillation, if necessary to achieve patent device/catheter.
- Avoid excessive pressure when instilling cathflo into the catheter. Such force could cause rupture of the catheter or expulsion of the clot inside the circulation.
- If catheter function is restored, ASPIRATE 4 to 5 mL of blood in patients weighing 10 kg or more to remove cathflo and residual clot. Then gently irrigate the catheter with 0.9% Sodium Chloride.
- If desired, may leave instilled dose of alteplase in Central Line overnight. Label central line clearly that it should not be flushed and contains alteplase. The following day, attempt to aspirate.
- Notify physician if unable to restore blood flow/device function.

Treatment for Adverse Drug Reactions *(for mild to moderate infusion reaction)*

- Slow or stop infusion for 20 minutes
- Give:
 - Diphenhydramine (Benadryl) 25 mg slow IVP STAT (may repeat times 1)
 - Acetaminophen (Tylenol) 650 mg PO STAT, if not already given as a "premedication". (Maximum acetaminophen doses of 4000 mg in 24 hours from all combined sources.)
 - Methylprednisolone (Solu-Medrol) 125 mg IVP STAT
- Place O2 PRN at 4 – 6 liters per nasal cannula STAT
- Vital signs with PO2 every 5 minutes until stable
- Notify the physician of reaction. Request further orders as indicated.
- Complete adverse drug reaction PowerForm and document in the allergy profile for all drug reactions.

Provider Signature: _____ Date: _____

Provider Name and Credentials (please print): _____ Time: _____

Office Phone: _____ Office Fax: _____

