

**Medical Order Form
Protocol for Vascular Access Devices (VAD)**

Contact Ontario Health atHome at 1-800-810-0000

Patient Name _____
 HCN _____ VC _____ DOB _____
 Address _____
 City _____ Postal Code _____
 Phone _____
 Contact Name _____ Phone _____

Medical Information

Primary Diagnosis _____ Secondary Diagnosis _____

Vascular Access Insertion Information

Date of Insertion _____ Type of Device _____ Valved or Non-Valved
 Total Length of Catheter _____ External Length _____ Gauge _____ Number of Lumens _____
 Use device for blood work Yes No Tip Placement Confirmed Yes No Location _____
 Inserter's Name _____

Flushing Solution

Flush VAD with sterile preservative free 0.9% sodium chloride solution as per maintenance protocol on page 2

Final Locking Solution

Lock VAD with the following solution using appropriate technique to maintain VAD patency:

- sterile preservative-free 0.9% sodium chloride (for all valved and non-valved devices unless otherwise indicated)
- citrate 4% pre-filled syringe for apheresis / dialysis catheters
- KiteLock 4% sterile catheter lock solution 2 mL per lumen – if indicated – see note below
- heparin _____ units/mL (standard low dose heparin for locking is 100 units/mL) if indicated – see note below
- Other _____

Note: KiteLock or heparin should be considered for the following situations: patient has a long-term CVAD, patient history or an increased risk for catheter related infection (CRI) related to multiple catheter insertions or long term use of CVAD with CLABSI risk, recently implanted cardiac device (prosthetic heart valve or aortic graft), when evidence of high rates of central line associated blood stream infection (CLABSI) exists.

Dressing Change

Maintain sterile dressing on VAD to protect site:

- sterile semi-permeable transparent film dressing (preferred): change every 7 days and prn
- sterile gauze or absorbent dressing if patient diaphoretic or site is bleeding/draining: change every 2 days and prn
- chlorhexidine-based dressing : change every 7 days and prn
 - For use where exit site is primary source of infection, if CLABSI rate is not decreasing despite adherence to basic prevention measures, and all short-term non-tunneled CVADs
- Other _____

Securement device:

- Sutureless securement device or securement dressing to limit movement of device (CVADs including PICCs): hange every 7 days and prn
- Sutures post tunneled CVAD or IVAD insertion. **Remove as ordered unless dissolving:**
 - IVAD (port): in _____ days if applicable Tunneled CVAD: tracking site in _____ days, exit site in _____ days if

IVAD (PORT) Specific Orders

- change port needle every 7 days
- insert primed non-coring needle: gauge: _____ Length: _____
- For non-accessed/not in use IVAD (port), flush and confirm patency no more frequently than monthly **OR** every 3 months

See Page 2 for further orders & signature

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Vascular Access Maintenance Protocol

1. Assess patency of CVAD by flushing and aspirating blood without resistance
Note: alternative locking solutions must be aspirated prior to flushing – this includes 4% citrate and high dose heparin (concentrations greater than 100units/mL)
2. Assess patency of PVAD by flushing without resistance
3. Flush VAD and confirm patency at established intervals:
 - Immediately prior to starting infusion and with needle-free connector/administration set/non-coring IVAD access needle change
 - PVAD (including midlines): at least once a shift/visit
 - CVAD (including PICCs, apheresis catheters and tunneled lines i.e. Hickman): at least every 7 days
 - IVAD (ports) (non-accessed/not in use): no more frequently than monthly or every 3 months as indicated
4. Flush VAD with sterile preservative-free 0.9% sodium chloride or compatible solution between incompatible solution and/or medication, before and after blood sampling, and after disconnecting an infusion or medication
5. Flush VAD with 10mL **barrel-sized** single-use pre-filled syringe per lumen using pulsatile or “push-pause” technique. Do not apply excessive force to flush
6. Flush VAD with using sterile preservative-free 0.9% sodium chloride to clear solution and/or medication from VAD:
 - CVAD & IVAD with 10-20mL
 - PVAD with at least 3-5mL, midlines require 10mL
7. Employ appropriate sequence for flushing, clamping, and disconnecting, as determined by the style/type of needle-free connector being used:
 - Negative displacement: maintain pressure on syringe while closing clamp(s)
 - Positive displacement: clamp after syringe removal
 - Neutral displacement: not affected by clamping sequence

Other

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Medical Supervision

All community nursing agencies have standing medical directives for the administration of epinephrine if needed. Patient/family will be taught treatment protocol.

Family Practitioner (MD/NP) _____ Referring Practitioner _____

Signature _____ Date _____

Practitioner (MD/NP) to contact for any VAD complications _____

Contact Information: _____

Faxed by _____ Date _____ Contact Number _____