

## Medical Order Form

### Care and Maintenance of Midline Catheter

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

Patient Name \_\_\_\_\_ HCN \_\_\_\_\_ VC \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Patient Phone # \_\_\_\_\_ Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Medical Information	
Primary Diagnosis _____	Secondary Diagnosis _____
Midline Catheter Insertion Information	
Date of Insertion _____ Type of Device _____	
External Catheter Measurement _____ Lumen <input type="checkbox"/> Single <input type="checkbox"/> Double	
Total measured length of catheter from zero mark (Powermidline) or from hub (PowerglidePro) _____	
Midline Catheter Maintenance Orders	
<b>Dressing Changes</b>	<input type="checkbox"/> Change transparent film dressing and stabilization device (e.g., StatLock) every 7 days and prn <b>Note:</b> Chlorhexidine gluconate or povidone iodine should be used to clean the exit site around the catheter. Allow agents /antiseptics to dry completely before applying dressing. Do not use acetone-based solutions or polyethylene glycol containing ointments as these may cause failure of the devise (Bard, Instructions for use).
<b>Flushing</b>	<input type="checkbox"/> Place a neutral displacement device at the end of each lumen and change every 7 days and prn <input type="checkbox"/> Add an extension set to the PowerglidePro midline and change every 7 days and prn <input type="checkbox"/> Flush each lumen of the catheter with 10 mL sterile saline daily or before and after each use <input type="checkbox"/> Flush with 20 mL sterile saline post blood draw <b>Note:</b> Do not use a syringe smaller than 10 mL to flush and confirm patency.
<b>Occluded or Partially Occluded Catheter</b>	<input type="checkbox"/> Insert peripheral intravenous (IV) device prn to maintain access and dosing of prescribed medication and/or Infusion if it has been determined that the midline is partially or completely occluded. <input type="checkbox"/> Contact the Most Responsible Practitioner (MRP) to determine next steps. Do not flush against resistance.
<b>Catheter removal</b>	<input type="checkbox"/> Discontinue midline catheter when clinically indicated, therapy is completed or if there are unresolved clinical signs and symptoms of complications
<b>Note:</b>	<ul style="list-style-type: none"> <li>Midlines should not be used for continuous vesicant therapy, TPN or infusates with an osmolality greater than 900mOsm/l.</li> <li>Midlines may be able to provide lab draws; however, if you are unable to obtain labs, this does not mean the line is no longer patent.</li> </ul>

Physician/Nurse Practitioner Information
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Referring Practitioner Name \_\_\_\_\_ CPSO/CNO# \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Pager \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_