

CENTRAL LINE MAINTENANCE/FLUSH AND TPA PROTOCOL

Form 12698 9/25/23

AUTHORIZATION IS GRANTED TO DISPENSE AND ADMINISTER AN ALTERNATE DRUG PRODUCT ACCEPTABLE TO THE MEDICAL STAFF'S PHARMACY COMMITTEE UNLESS THE DRUG PRODUCT IS SPECIFICALLY CIRCLED

| | |
|-------------------------|--|
| Diagnosis (Required): | Order Date: _____ Order expiration: _____ (max 12 months) |
| ICD-10 Code (Required): | Allergies: |

While patient is being treated at Munson Outpatient Infusion Facility, please flush central line per protocol

| TREATMENT | | FREQUENCY |
|---------------------------------|--|-----------------|
| Flush central line per Protocol | | Every 4-6 weeks |

| MEDICATION | REGIMEN DOSAGE | ADMINISTRATION INSTRUCTIONS | FREQUENCY |
|--|------------------------------|---|--|
| <input type="checkbox"/> Alteplase (Cathflo) | 2mg/2mL # of lumens _____ | Instill 2mL into port/line and allow to dwell for 30 minutes Repeat at interval directed by package insert | x 1 dose (Maximum 2 doses per lumen per treatment) May repeat PRN line occlusion |

ICD-10: Z45.2 and T82.898A
IF PATIENT HAS A HYPERSENSITIVITY REACTION, BEGIN HYPERSENSITIVITY PROTOCOL
ADDITIONAL ORDERS

| |
|--|
| |
| |

The provider's full signature(s) is to follow the order

Patient Name: _____

Date of Birth: ____ / ____ / ____

| | | |
|--------------------|------|------|
| PROVIDER SIGNATURE | DATE | TIME |
|--------------------|------|------|

PRINTED NAME: _____

**CENTRAL LINE FLUSH AND TPA PER PROTOCOL ORDER –
OUTPATIENT INFUSION CLINIC**