Ontario Health atHome

Medical Order Form: Protocol for Central Vascular Devices (CVAD) For Pediatric Patients at McMaster Children's Hospital (MCH), Hamilton, ON

Toll Free Phone Number: 1-800-810-0000

Name: _____

Address: _____

Postal Code: _____

Phone: _____

Date of Birth: _____

OHC: _____

Alternate Phone Number: _____

Medical Information

Primary Diagnosis and Relevant Health Information:

Weight: _____kg

Pediatric CVAD Insertion Information

Date of Insertion: _____	Tip placement confirmed on insertion: ☐ Yes
Type of Device: _____ & size: _____French	Lumen: ☐ Single ☐ Double
Entire Length of Catheter if known: _____ cm. **This information needed only if CVAD will be removed in community.**	Length of Catheter (from exit site to hub) if applicable: _____cm

Pediatric CVAD Maintenance Orders

☐ Ensure that each lumen is flushed using normal saline in prefilled syringes.
Use a turbulent flush *prior* to instilling the **FINAL** locking solution

If patient **less than 6kg** flush with 5 mL normal saline	If patient is **6kg or greater**, flush with 10 mL normal saline

FINAL LOCKING SOLUTION:

Locking solutions for various central lines – per lumen (check one):	☐	Tunnelled cuffed: (Hickman, Broviac)	☐ ☐	2mL per lumen with normal saline **every 7 days** & PRN **or** Other: _____
	☐	Valved PICC:	☐ ☐	2mL per lumen with normal saline **every 7 days** & PRN **or** Other: _____
	☐	Non-Valved PICC:	☐ ☐	1 mL of heparin (10 units per mL) per lumen **daily** & PRN (withdraw heparin prior to use) **OR** 1mL normal saline **weekly** and PRN (**for pediatric oncology patients only**)
	☐	Implanted Ports: (check one option only)	☐ ☐ ☐	3 mL of heparin (100 units per mL) **every 4 weeks** & PRN (withdraw heparin prior to use). If being accessed more than once a day, lock with: _____ Other: _____
		Date CVAD last locked off : _____		
Implanted Ports:	☐	Change port needle every 7 days ☐ Access Port on:_____ ☐ Deaccess Port on: _____		
Dressing and Needleless Change:	☐ ☐ ☐ ☐	Change transparent securement dressing every 7 days and prn. **Dressing last changed: _____** Ensure dressing is dated with the date it was changed If non-transparent dressing used or gauze present under the dressing change **every 48 hours** Change Needleless Connector every 7 days & prn with dressing change or port access		

If there are any concerns with Central Vascular Access Line, ☐ Have patient return to MCH Emergency Department or

☐

Medical Supervision

Referring Practitioner (Please Print): _____		**Signature: _____**
Contact Information	**Email: _____**	**Phone #: _____**
Fax referral to McMaster 905-529-2291	Faxed By: _____	Date & Time: _____

Print Clear

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