



**Medical Order Form
Protocol for Pediatric Home Parenteral
Nutrition (PN or TPN) at McMaster
Children's Hospital (MCH), Hamilton, ON**

Contact HCCSS HNHB at 1-800-810-0000

Patient Name _____

HCN _____ VC _____ DOB _____

Address _____

City _____ Postal Code _____

Phone _____

Contact Name _____ Phone _____

Medical Information

Primary Diagnosis _____ Secondary Diagnosis _____

Allergies _____

Diabetes Type 1 _____

Diabetes Type 2 _____

Vascular Access Device (VAD) 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 _____

Insertor's Name _____ Insertion Institution Name _____

Flushing Solution

☐ Flush VAD with sterile preservative free 0.9% sodium chloride solution as per maintenance protocol on page 2 ☐ 10mL ☐ 20mL ☐ 30mL

Final Locking Solution

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

☐ KiteLock 4% sterile catheter lock solution per lumen unless otherwise indicated; _____ mL used

☐ Flush KiteLock with sterile normal saline prior to use of PICC for infusion unless otherwise ordered. Flush KiteLock into VAD.

☐ Other: _____

Dressing Change

Maintain sterile dressing on VAD to protect site:

☐ Dressing change q7days/prn and clean site with chlorhexidine 2% plus ☐ 70% alcohol ☐ alcohol free for sensitive skin

☐ Other: _____

Securement device:

☐ Sutureless securement device or securement dressing to limit movement of device (CVADs including PICCs): change every 7 days and prn

☐ Sutures post tunneled CVAD insertion. **Remove as ordered unless dissolving:**

☐ **Tunneled CVAD:** tracking site in _____ days, exit site in _____ days if applicable

Home Parenteral Nutrition Specific Orders

1. Start date _____

2. TPN _____ mL to infuse @ _____ mL/hr x _____ hours overnight from _____ two _____ hours

3. ☐ Tapering: Taper down over final _____ minutes of infusion

4. ☐ ADD Multivitamins (MVI) daily to parenteral nutrition pre-infusion: ☐ Pediatric MVI _____ mL OR ☐ Adult MVI _____ mL

5. ☐ ADD Vitamin K ☐ _____ mg daily to parenteral nutrition pre-infusion OR ☐ _____ mg weekly to parenteral nutrition pre-

*****See Page 2 for Additional Orders and Signatures*****

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| Medical Order Form Protocol for Pediatric Home Parenteral Nutrition (PN or TPN) at McMaster Children's Hospital (MCH), Hamilton, ON Page 2 | Patient Name _____ HCN _____ VC _____ DOB _____ |
| Vascular Access Maintenance Protocol | |
| <ol style="list-style-type: none"> 1. Assess patency of VAD by flushing without resistance; if concern, check by aspirating blood without resistance 2. Flush VAD and confirm patency at established intervals: <ul style="list-style-type: none"> • Immediately prior to starting infusion • CVAD (including PICCs): at least every 7 days when not in regular use; smaller FR PICCs flush daily when not in use 3. Flush VAD with sterile preservative free 0.9% sodium chloride solution: <ul style="list-style-type: none"> • when accessing VAD • between incompatible solution and/or medication • before and after blood sampling, and • after disconnecting an infusion, medication or parenteral nutrition 4. 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. Flush with 10mL – 30mL sterile preservative free 0.9% sodium chloride solution pre and post PN infusion. Note: If CVAD is double lumen and only running PN, alternate lumens weekly. 5. Employ positive pressure technique with each flush, including final flush, maintaining pressure on syringe while closing clamp on clamped lines. | |
| Other: | |
| | |
| Medical Supervision | |
| Family Practitioner (MD/NP) _____ Referring Practitioner _____ Signature _____ Date _____ Practitioner (MD/NP) to contact for any VAD complications _____ Contact Information _____ Faxed by _____ Date _____ Contact Number _____ | |