

ALL ORDERS MUST BE SIGNED AND DATED BY THE REFERRING PROVIDER

ALLERGIES/REACTIONS (REQUIRED):

Yakima Outpatient Infusion Care
808 N 39th Ave Yakima WA 98902
Phone: 509-575-1174
Fax: 509-577-5021

ORDERS WITH CHECK BOXES

When an order is optional (those with check boxes), providers are responsible for indicating a check mark in the box next to the order. Orders left unchecked will not be initiated.

CODE STATUS

Patients will be considered FULL CODE unless marked otherwise. If the patient has a POLST, advance directive, or living will, please include a copy with the orders.

IV Line Insertion & Maintenance

Patient Name: _____ Requested Start Date: ____/____/____

Date of Birth: ____/____/____ Patient Weight: _____ kg Patient Height: _____

DIAGNOSIS & ICD-10 CODE: _____

REQUIRED: H&P with documentation to support above diagnosis including ICD-10 code and supporting labs

If required documentation not received with this order, scheduling of treatment will be delayed until complete information is available

IV ACCESS:

ADULT PERIPHERAL IV INSERTION (PER MYM PROCEDURE) AND MAINTENANCE:

Flush catheter intravenously with 0.9% sodium chloride 5 mL before and after administration of medication and as necessary to keep line patent. May replace IV catheter as needed for catheter complication.
Discontinue IV catheter upon completion of infusion therapy or when no longer necessary for the plan of care.

CENTRAL LINE MAINTENANCE:

Access per MYM procedure.
Flush central line intravenously with 0.9% sodium chloride 10 mL before and after administration of medication and as necessary to keep line patent.
Lock central line intravenously with 10 unit/mL heparin 5 mL.
De-access upon completion of infusion therapy or when no longer necessary for the plan of care per MYM procedure.

PORT-A-CATH MAINTENANCE:

Access per MYM procedure.
Flush central line intravenously with 0.9% sodium chloride 10 mL before and after administration of medication and as necessary to keep line patent.
Lock Port-A-Cath intravenously with 100 unit/mL heparin 5 mL (adults) or 10 unit/mL heparin 5 mL (pediatric).
De-access upon completion of infusion therapy or when no longer necessary for the plan of care per MYM procedure.

CENTRAL LINE & PORT-A-CATH MAINTENANCE: *Included by default unless otherwise indicated below.*

- ✓ Weekly and PRN Line Maintenance per protocol
- ✓ TPA (2 mg IV per lumen) if needed for occlusion administered per protocol

Provider Signature: _____ Date: _____

Print name: _____ Phone # _____ Fax # _____

NEW REFERRAL

UPDATED REFERRAL

****Expires 12 months from written date****

Patient Identification - Attach Patient Label

Name:

MRN:

Age / Sex and Gender:

IV LINE INSERTION & MAINTENANCE



Yakima Memorial Hospital