

## SAMPLE MIDLINE ORDER SET FORM

<b><u>DIAGNOSIS</u></b>	<b><u>MIDLINE PLACEMENT ORDERS</u></b>
	<b><i>MIDLINE PLACEMENT</i></b>
	<input type="checkbox"/> <i>PICC Team</i> <input type="checkbox"/> <i>Interventional Radiology</i>
	<b><i>Number of Lumens</i></b>
	<input type="checkbox"/> <i>Single Lumen</i> <input type="checkbox"/> <i>Double Lumen</i> <input type="checkbox"/> <i>Other (specify):</i> _____
<b><u>ALLERGIES</u></b>	<b><i>Indication for Midline:</i></b>
	<input type="checkbox"/> <i>Antibiotics (Intravenous)</i> <input type="checkbox"/> <i>Blood Transfusion or Blood Products</i> <input type="checkbox"/> <i>Chemotherapy</i> <input type="checkbox"/> <i>Blood draws</i> <input type="checkbox"/> <i>Difficult Access</i> <input type="checkbox"/> <i>Multiple Incompatible Fluids</i> <input type="checkbox"/> <i>Radiographic Study</i> <input type="checkbox"/> <i>Other (specify):</i> _____
	<b><u>NURSING ORDERS</u></b>
	<b><i>FLUSH ROUTINE:</i></b>
	<i>Intermittent use – Flush before and after medication with 10cc of NS</i>
	<i>Not in use – Flush q 8 hours with 10 ml NS</i>
	<i>Midline – change dressing and end cap q 7 days and prn</i>
	<b><u>MEDICATION ORDERS</u></b>
	<i>Heparin lock 10 units/ml</i>
	<i>Routine Indication: Use heparin lock after flushing with NS, at least twice a day.</i>
	<i>Note: Nurse please flush with 10 ml of NS prior to administering heparin lock</i>
	<b><u>RELEVANT RESULTS REVIEWED</u></b>
	<input type="checkbox"/> <i>GFR &gt; 45 (needs Nephrology clearance if &lt; 45)</i> <input type="checkbox"/> <i>Creat &lt; 1.5</i> <input type="checkbox"/> <i>INR &lt;2</i> <input type="checkbox"/> <i>Platelets &gt;50</i>

Date:	Time	AM PM	Prescriber's signature and name	Pager #	Countersign (if required)
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