

**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: <input type="checkbox"/> Yes
Type of Device: _____ & size: _____ French	Lumen: <input type="checkbox"/> Single <input type="checkbox"/> 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
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FINAL LOCKING SOLUTION:

Locking solutions for various central lines – per lumen (check one):	<input type="checkbox"/>	Tunnelled cuffed: (Hickman, Broviac)	<input type="checkbox"/>	2mL per lumen with normal saline every 7 days & PRN or Other: _____
	<input type="checkbox"/>	Valved PICC:	<input type="checkbox"/>	2mL per lumen with normal saline every 7 days & PRN or Other: _____
	<input type="checkbox"/>	Non-Valved PICC:	<input type="checkbox"/>	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)
	<input type="checkbox"/>	Implanted Ports: (check one option only)	<input type="checkbox"/>	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:	<input type="checkbox"/>	Change port needle every 7 days	<input type="checkbox"/>	Access Port on: _____	<input type="checkbox"/>	Deaccess Port on: _____
Dressing and Needleless Change:	<input type="checkbox"/>	Change transparent securement dressing every 7 days and prn. Dressing last changed: _____	<input type="checkbox"/>	Ensure dressing is dated with the date it was changed	<input type="checkbox"/>	If non-transparent dressing used or gauze present under the dressing change every 48 hours
	<input type="checkbox"/>	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: _____	