

IV Port Flush

Infusion Order Form – Page 1 of 1



Clinic Location

- ☐ **Harbor Health Park Bend Clinic**
2200 Park Bend Drive, Bldg. 2, Suite 204, Austin, TX 78758
P: (512) 270-2104
F: (512) 233-2288

Patient Information

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date: Patient Name: DOB:
ICD-10 code (required): ICD-10 description:
☐ NKDA Allergies: Weight (lbs/kg): Height:
Patient Status: ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date: Next Due Date:

Provider Information

Referral Coordinator Name: Referral Coordinator Email:
Ordering Provider: Provider NPI:
Referring Practice Name: Phone: Fax:
Practice Address: City: State: Zip Code:

Supporting Documents/Information (Please provide all of the following)

- Patient insurance information
- Patient medication list
- Supporting clinical notes (H&P) to support primary diagnosis

Orders

NURSING

- ☒ Nursing care per [Harbor Health Nursing Procedures](#) and [Harbor Health Adverse Reaction Management Protocol](#).

THERAPY

- ☐ IV Port Flush

Flushing Frequency

- In Use: Before and after each infusion.
- Not in Use: Every 4–6 weeks with saline and heparin

Frequency of port access:

- ☐ With each infusion visit
☐ One time
☐ Weekly
☐ Bi-weekly
☐ Monthly

Draw blood for labs:

- ☐ Yes
☐ No

Access and De-access protocol for medication administration, lab draw, and flush:

- ☐ **PICC Line**
☐ Prior to infusion, flush with 10ml of normal saline
☐ Post-infusion, flush with 10ml of normal saline **OR**:
☐ Flush with heparin (100 units/ml):
☐ 3ml ☐ 5ml ☐ Other _____

☐ Midline

- ☐ Prior to infusion, check for blood return
☐ If no blood return:
• Reposition the patient (e.g., raise arm, have them cough)
• Do not force flush—if resistance is met, notify the provider
• Do not use Cathflo (alteplase) on a midline unless specifically ordered
☐ Post-infusion, flush with 10ml of normal saline
Heparin is typically NOT required for a midline

☐ Implanted port

Access – prior to medication administration

- Confirm patency
- If patent, flush with 10ml of normal saline
- Proceed with medication administration

De-access – after completion of medication administration

- ☐ Flush with 10ml of normal saline
☐ Flush with heparin (100 units/ml):
☐ 3ml ☐ 5ml ☐ Other _____

If central venous access devices are occluded use Cathflo (alteplase):

- ☐ Instill 2mg/2ml in occluded lumen, dwell for 30 minutes
☐ DO NOT USE Cathflo (alteplase) for catheter occlusion, notify provider for occlusion

If patency is restored, continue with above orders for De-access

Provider Name (Print):

Provider Signature:

Date: