Ontario Health atHome

Ontario Health atHome Infusion Therapy / Venous Access Referral Form

Orders are fulfilled per Community Protocols documented on page 2, unless physician requests otherwise. We process only completed referrals (signed, dated and legible). Confidential when completed. Fax completed form to 613.745.6984 or 1.855.450.8569. If you received this form in error, please call 1.800.538.0520.

PROCEDURES WILL BE TAUGHT TO PATIENT OR RELIABLE PERSON **When appropriate, patient are referred to Community Nursing CLINIC instead of HOME VISIT**	Name* Address Date of birth	Phone* HCN* / v.c. CEL Phone

ALLERGIES	Preferred language for service: FRE ☐ ENG ☐ Other ☐	
INFECTION CONTROL PRECAUTIONS: ☐ DROPLET ☐ AIRBORNE ☐ CONTACT ☐ ROUTINE	**Hospital Planned Discharge Date:**	
☐ Please use alternate contact (rather than the patient) for assessment, due to: ☐ Preference ☐ Hearing ☐ Cognition ☐ Language ☐ Other		
Alt Contact Person	**Relationship**	**Phone**
DIAGNOSIS:		

IV Access Care

☐ **Peripheral (1)** ☐ **Midline (2)**	☐**PICC(3)** ☐ **Request sent for PICC Insertion (see NOTE)**	Please complete for new PICC insertions:
PICC: SPECIFY TYPE & SIZE: ☐ Single Lumen ☐ Double Lumen ☐ Size _____ ☐ PICC Line may be removed 2 weeks after completion of treatment	PICC internal length:_____ External length:_____ Tip placement (vein):_____ Placement Confirmed (Date):_____	
☐ **Implanted Port (4)** ☐ **Tunneled/Cuffed** (i.e.: Hickman®) **(5)**	☐ **Hemodialysis Catheters (6)**	

NOTE Refer to Aminoglycoside Screening Algorithm: CVAD required for Acyclovir or Calcium; CVAD required if peripheral administration of Ciprofloxacin; Ganciclovir or Vancomycin will be for longer than 3 days. Physician to arrange for CVAD insertion prior to referral.
NB: For Vancomycin or Aminoglycosides, Patients must have weekly blood work. Physician must arrange for follow up blood work:
☐ patient given requisition ☐ call / fax requisition to lab ☐ requisition included with referral
Recommend Blood work to be done by community lab when possible (preferred). *****see reverse side for further info***
Transition of IV therapy from hospital to community: Next dose due in community may be delayed if due between 2000hrs & 0800hrs

IV DRUG # 1	**NAME:**			
Dose:	Route: IV	Frequency:		
FIRST Dose Given? ☐ Yes ☐ No *See page 2 for more info*	Stop Date:	Date/time of last IV dosage in hospital/ER:		
IV DRUG # 2	**NAME:**			
Dose:	Route: IV	Frequency:		
FIRST Dose Given? ☐ Yes ☐ No *See page 2 for more info*	Stop Date:	Date/time of last IV dosage in hospital/ER:		
If on IV Lasix (7):	Weight:	Baseline BP:	Hold if BP is <:	Or Weight <:

Additional information/Orders:

MANDATORY List all medications for Medication Reconciliation Purposes: use separate sheet if required

Physician/NP Name: (please print)	CPSO/college # *Required for Prescription Medications
Physician/NP signature:	Date:
If delegate, name of attending physician:	Telephone:

By signing this form, I (physician/NP) have reviewed the community protocol on the reverse of this form and agree with this procedure or have specified other procedure above.

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COMMUNITY PROTOCOLS APPLICABLE TO ALL ORDERS INDICATED ON PAGE 1, UNLESS OTHERWISE STATED

The community protocols below are based on best practice.

- C & S of IV site will be done with a physician's order and completed lab requisition. A swab will need to be obtained from the lab or health practitioner's office for the nurse to complete and patient/family will need to deliver specimen to the Lab.
- Protocol references to Normal Saline are for sterile injectable NS unless otherwise indicated. Prefilled in 10mL Syringes.
- Continuous infusion administration sets may be changed weekly and intermittent infusion administration sets are changed q 24 h.

Blood work via CVAD: (Central Venous Access Device) **risks and benefits**

- Central catheter use in community is focused on infusion of medication and using peripheral veins for blood draws.
- It is not recommended to do a blood sample for drug levels via the same line used to administer the drug.
- If infused via pump, the drug could be infused TKVO (to keep vein open) in between doses and the drug is constantly in the line.
- Using CVAD for blood draws runs risk of blockage and then catheter is not available for the infusion of medication.
- In exceptional cases where community nurse is drawing blood from CVAD, patient must pick up test tubes from lab and transport sample back to lab
- Community nurses are not responsible for patient/family potential delays getting sample to lab &/or not following transport recommendations to avoid temperature extremes, and any other issue that may impact accuracy of results.

DORMANT IV LINES	FIRST DOSE Parenteral Medication Screener NOT REQUIRED if:
• Nursing visits will not be routinely authorized for the flushing of dormant central venous access lines. • When infusion therapy is completed, we can support the care of the CVAD for up to four weeks until treatment decisions are made. After that time, the MD will be notified that we will not continue to manage the flushing and care of the line.	• Patient has had this drug within the last six months. • Patient has had another classification of this drug within the last six months. • Patient is transitioning from any route (IM, PO, or Suppository) to IV. • **First Dose to be done in hospital (preferred) or MD to complete First Dose Parenteral Medication Administration Guideline to determine safety of giving first dose in community setting.** www.ontariohealthathome.ca

1) PERIPHERAL (Refer to Aminoglycoside Screening Algorithm for medication requiring CVAD)

a) Change site when clinically indicated b) Flush Saline Lock before & after each tubing change and PRN with 3mL Normal Saline

2) MIDLINE (NOTE: Midline catheters are considered as peripheral and NOT CVAD for medication infusion)

a) Flush with 10 ml Normal Saline every visit	b) Change dressing q7days and PRN	c) Change Stat Lock and Needless Connectors q7days and PRN

3) PICC: Valved and Open-ended

a) Change dressing/Caps per PICC manufacturer's monographs initially - then weekly dressing changes. b) If there is skin reaction to adhesive/dressing, use alternate dressing and change it q 48 hours.	c) Flush weekly and after each tubing change or blood draw and PRN with 10 - 20mL normal saline. d) Double lumen; if one lumen is not in use, flush weekly when dressing is changed

4) IMPLANTED PORT

a) Change non-coring needle and dressing weekly when in use b) Non-coring needle insitu – flush weekly with 10 - 20mL Normal Saline.	c) Flush with 10 - 20mL Normal Saline Q3 months when line is not otherwise in use. d) If used for Blood draws, Flush with 10 - 20ml Normal Saline.

5) TUNNELED CUFFED CATHETER (i.e. Hickman®)

a) Change transparent dressing weekly and PRN	b) Flush weekly and after each tubing change or blood draw and PRN with 10 - 20mL Normal Saline.

6) Hemodialysis Catheters; patient on dialysis who may require treatment on non-dialysis days
NOTE: Dialysis Unit will Change Hemodialysis Catheter dressing and caps unless otherwise directed by unit.

a) **Flushing Hemodialysis Catheters;** b) Aspirate 5-7mL blood to remove anticoagulant. Flush catheter with 10- 20mL Normal Saline. c) Determine the catheter volume by inspecting the catheter and reading the volume written on the lumen.	d) The volume of the injection cap on the end of the lumen is 0.1mL e) The "total instillation volume" of sodium citrate 4% = 0.1mL cap volume + the volume written on the catheter lumen. f) Expel surplus solution from the sodium citrate prefilled syringe to reach the "total instillation volume".

7) IV LASIX

a) Follow routine peripheral IV care as outlined above in # 1 b) Complete medical orders required including Weight and Baseline BP	c) Complete 'hold lasix' instructions, indicating threshold BP and weight values