

**Medical Order Form**  
**Protocol for Pediatric Home Parenteral**  
**Nutrition (PN or TPN) at McMaster**  
**Children's Hospital (MCH), Hamilton, ON**

Contact HCCSS HNHB at 1-800-810-0000

Patient Name \_\_\_\_\_

HCN \_\_\_\_\_ VC \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Information**

Primary Diagnosis \_\_\_\_\_ Secondary Diagnosis \_\_\_\_\_

Allergies \_\_\_\_\_

Diabetes Type 1 \_\_\_\_\_

Diabetes Type 2 \_\_\_\_\_

**Vascular Access Device (VAD) Insertion Information**

Date of Insertion \_\_\_\_\_ Type of Device \_\_\_\_\_ ☐ Valved or ☐ Non-Valved

Total Length of Catheter \_\_\_\_\_ External Length \_\_\_\_\_ Gauge \_\_\_\_\_ Number of Lumens \_\_\_\_\_

Use device for blood work ☐ Yes ☐ No Tip Placement Confirmed ☐ Yes ☐ No Location \_\_\_\_\_

Insertor's Name \_\_\_\_\_ Insertion Institution Name \_\_\_\_\_

**Flushing Solution**

☐ Flush VAD with sterile preservative free 0.9% sodium chloride solution as per maintenance protocol on page 2 ☐ 10mL ☐ 20mL ☐ 30mL

**Final Locking Solution**

**Lock VAD with the following solution using appropriate technique to maintain VAD patency:**

☐ KiteLock 4% sterile catheter lock solution per lumen unless otherwise indicated; \_\_\_\_\_ mL used

☐ Flush KiteLock with sterile normal saline prior to use of PICC for infusion unless otherwise ordered. Flush KiteLock into VAD.

☐ Other: \_\_\_\_\_

**Dressing Change**

**Maintain sterile dressing on VAD to protect site:**

☐ Dressing change q7days/prn and clean site with chlorhexidine 2% plus ☐ 70% alcohol ☐ alcohol free for sensitive skin

☐ Other: \_\_\_\_\_

**Securement device:**

☐ Sutureless securement device or securement dressing to limit movement of device (CVADs including PICCs): change every 7 days and prn

☐ Sutures post tunneled CVAD insertion. **Remove as ordered unless dissolving:**

☐ **Tunneled CVAD:** tracking site in \_\_\_\_\_ days, exit site in \_\_\_\_\_ days if applicable

**Home Parenteral Nutrition Specific Orders**

1. Start date \_\_\_\_\_

2. TPN \_\_\_\_\_ mL to infuse @ \_\_\_\_\_ mL/hr x \_\_\_\_\_ hours overnight from \_\_\_\_\_ two \_\_\_\_\_ hours

3. ☐ Tapering: Taper down over final \_\_\_\_\_ minutes of infusion

4. ☐ ADD Multivitamins (MVI) daily to parenteral nutrition pre-infusion: ☐ Pediatric MVI \_\_\_\_\_ mL OR ☐ Adult MVI \_\_\_\_\_ mL

5. ☐ ADD Vitamin K ☐ \_\_\_\_\_ mg daily to parenteral nutrition pre-infusion OR ☐ \_\_\_\_\_ mg weekly to parenteral nutrition pre-

\*\*\*See Page 2 for Additional Orders and Signatures\*\*\*

<b>Medical Order Form</b> <b>Protocol for Pediatric Home Parenteral</b> <b>Nutrition (PN or TPN) at McMaster</b> <b>Children's Hospital (MCH), Hamilton, ON</b>  Page 2	Patient Name _____ HCN _____ VC _____ DOB _____
<b>Vascular Access Maintenance Protocol</b>	
<ol style="list-style-type: none"> <li>1. Assess patency of VAD by flushing without resistance; if concern, check by aspirating blood without resistance</li> <li>2. Flush VAD and confirm patency at established intervals:           <ul style="list-style-type: none"> <li>• Immediately prior to starting infusion</li> <li>• CVAD (including PICCs): at least every 7 days when not in regular use; smaller FR PICCs flush daily when not in use</li> </ul> </li> <li>3. <b>Flush VAD with sterile preservative free 0.9% sodium chloride solution:</b> <ul style="list-style-type: none"> <li>• when accessing VAD</li> <li>• between incompatible solution and/or medication</li> <li>• before and after blood sampling, and</li> <li>• after disconnecting an infusion, medication or parenteral nutrition</li> </ul> </li> <li>4. Flush VAD with 10mL <b>barrel-sized</b> single-use pre-filled syringe per lumen using pulsatile or "push-pause" technique. Do not apply excessive force to flush. Flush with 10mL – 30mL sterile preservative free 0.9% sodium chloride solution pre and post PN infusion.            Note: If CVAD is double lumen and only running PN, alternate lumens weekly.</li> <li>5. Employ positive pressure technique with each flush, including final flush, maintaining pressure on syringe while closing clamp on clamped lines.</li> </ol>	
<b>Other:</b>	
<b>Medical Supervision</b>	
Family Practitioner (MD/NP) _____ Referring Practitioner _____ Signature _____ Date _____ Practitioner (MD/NP) to contact for any VAD complications _____ Contact Information _____ Faxed by _____ Date _____ Contact Number _____	