Ontario Health atHome

# 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: ☐ Yes |
| Type of Device: _____ & size: _____French | Lumen: ☐ Single ☐ Double |
| Entire Length of Catheter if known: _____ cm.<br>**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 |
|---|---|

## FINAL LOCKING SOLUTION:

| | | | | |
|---|---|---|---|---|
| **Locking solutions for various central lines – per lumen (check one):** | ☐ | Tunnelled cuffed: (Hickman, Broviac) | ☐<br>☐ | 2mL per lumen with normal saline **every 7 days** & PRN **or**<br>Other: _____ |
| | ☐ | Valved PICC: | ☐<br>☐ | 2mL per lumen with normal saline **every 7 days** & PRN **or**<br>Other: _____ |
| | ☐ | Non-Valved PICC: | ☐<br>☐ | 1 mL of heparin (10 units per mL) per lumen **daily** & PRN (withdraw heparin prior to use) **OR**<br>1mL normal saline **weekly** and PRN (**for pediatric oncology patients only**) |
| | ☐ | Implanted Ports: (check one option only) | ☐<br>☐<br>☐ | 3 mL of heparin (100 units per mL) **every 4 weeks** & PRN (withdraw heparin prior to use).<br>If being accessed more than once a day, lock with: _____<br>Other: _____ |
| | | Date CVAD last locked off : _____ | | |
| **Implanted Ports:** | ☐ | Change port needle every 7 days ☐ Access Port on:_____ ☐ Deaccess Port on: _____ | | |
| **Dressing and Needleless Change:** | ☐<br>☐<br>☐<br>☐ | Change transparent securement dressing every 7 days and prn. **Dressing last changed: _____**<br>Ensure dressing is dated with the date it was changed<br>If non-transparent dressing used or gauze present under the dressing change **every 48 hours**<br>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** 1-866-271-7907 | Faxed By: _____ | Date & Time: _____ |

Print Clear

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Ontario Health atHome

### Hamilton Niagara Haldimand Brant

# Fax Numbers Overview

| | |
|---|---|
| **All Community Referrals, Including Primary Care Providers**<br>Please fax all community referrals to Intake and Extended Hours teams | Fax Number for All<br>**1-866-655-6402** |

For hospital-based referrals, please fax directly to the appropriate Ontario Health atHome hospital office:

| Brantford/Burlington/Haldimand-Norfolk Hospitals | |
|---|---|
| Brant Community Healthcare System<br>Joseph Brant Hospital<br>Haldimand War Memorial Hospital<br>Norfolk General Hospital<br>West Haldimand General Hospital | Fax Number for All:<br>**1-866-568-4418** |

| Hamilton Hospitals | |
|---|---|
| Hamilton General Hospital<br>Juravinski Hospital<br>Juravinski Cancer Centre<br>McMaster University Medical Centre<br>St. Joseph's Healthcare Hamilton *(Charlton and West 5th Campuses)*<br>St Peters Hospital<br>Satellite Health Facility<br>West Lincoln Memorial Hospital | Fax Number for All:<br>**1-866-271-7907** |

| Niagara Hospitals | |
|---|---|
| Fort Erie Site<br>Hotel Dieu Shaver<br>Marotta Family Hospital *(St. Catharines Site)*<br>Niagara Falls Site<br>Port Colborne Site<br>Welland Site | Fax Number for All:<br>**1-866-391-9467** |