	***Generic Substitute Unless Checked ❑**
	ORDERS ARE IN EFFECT UNLESS CROSSED OUT **EXCEPTIONS: ORDERS PRECEDED BY A BOX (❑) REQUIRE A ✓ TO INITIATE ORDER** **ORDERS WITH BLANKS INDICATE ADDITIONAL INFORMATION IS NEEDED**
	* Patient Name | * Date of Birth
* Date	* Diagnosis
	Allergies
* Time	Outpatient Admit ❑ Series ❑ One Time
	Code Status ❑ Full Code ❑ DNR ❑ Medications Only ❑ Other (SPECIFY)
	Vital Signs ❑ Per protocol ❑ Other (SPECIFY)
	Access port per protocol (using sterile technique, etc.)
	Frequency of port access ❑ One time order ❑ Biweekly ❑ Weekly ❑ Monthly ❑ Other (SPECIFY)
	Draw blood for labs ❑ Yes ❑ No
	Lab Draws ❑ CBC ❑ CMP ❑ Hgb & Hct ❑ Other (SPECIFY) _____ ❑ PT ❑ Renal ❑ BMP _____
	If not drawing blood for labs, check patency of line by drawing back to get blood return and then flushing with 20mL NS. Follow with 5mL 100 units/mL Heparin prior to de-accessing port.
	If port flushes but does not give blood return, try repositioning the patient (sitting up straighter, lying flat, arm above head, etc.)
	If port does not give blood or flush, use following protocol for Cathflo-Activase: ➢ For patient > 30kg: Instill 2 mg/mL into the occluded lumen ➢ For patient < 30kg: Instill volume equivalent to 100% the volume of the occluded lumen (up to 2 mg/mL) ➢ May repeat the ordered dose after 120 minutes if blood still cannot be aspirated from the access device
	Always flush port with 5mL 100 unites/mL Heparin prior to de-accessing
	When finished, de-access per protocol
	Additional orders: _____ _____
	* Healthcare Provider's Signature _____

- * Denotes field that must be completed by Healthcare worker

Fax to 503-815-7515

Tillamook Regional Medical Center – Adventist Health

Physician Order Form – Port Flush

Outpatient Therapy Services

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Physician Order Form

183074 Rev. 05/2012

[Patient Label]