

**SAMPLE
MIDLINE ORDER SET
ORDER FORM**



<u>DIAGNOSIS</u>	<p><u>NURSING ORDERS</u></p> <p><i>MIDLINE PLACEMENT BY PICC NURSES</i> <i>POWERWAND Midline- 3.1-3.9 inch 16-17Ga (dwell time up to 29 days, power injectable, may be use for blood drawing)</i></p>
<u>ALLERGIES</u>	<p><i>FLUSH ROUTINE:</i> <i>Intermittent use – Flush before and after medication with 10cc of NS</i> <i>Not in use – Flush q 8 hours with 10 ml NS</i> <i>Midline – change dressing and end cap q 7 days or prn</i></p> <p><u>MEDICATION ORDERS</u> <i>Heparin lock 10 un/ml</i> <i>Routine Indication: Use heparin lock after flushing with NS, at least twice a day.</i> <i>Note: Nurse please flush with 10 ml of NS prior to administering heparin lock</i></p>
<u>PURPOSE OF MIDLINE</u>	<p>Poor access (requiring multiple sticks) 3-29 days of IV infusion (Osmolarity below 900 Osm and ph between 5-9) Blood draws (only POWERWAND Midlines may be use for blood draws) Injection of contrast media (325psi, 8mL/sec) Subclavian vein stenosis Hx of multiple bypass</p>
<u>RELEVANT RESULTS</u>	<p>GFF < 40 (needs Renal clearance) Creat < 1.5 INR <2 Platelets; >50</p>

Date:	Time	AM PM	Prescriber's signature and name	Beeper #	Countersign (if required)
Date:	Time	AM PM	Transcriber's signature and printed name	RN's countersign (if required)	Scanned by: