***VASCULAR ACCESS PLUS ORDER FORM***

Patient Name: Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Room #:\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Care MD Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility Nurse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Nurse Call Back #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRE-ASSESSMENT (Done By Facility Nurse)**

|  |  |
| --- | --- |
| Are they Dialysis/Transplant patient? □ Yes □ No | Can they put arm out 90° □ Yes □ No |
| Do they have Port/Pacer/Mastectomy? □ Yes □ No | Is consent done? □ Yes □ No |
| Can they lay flat? □ Yes □ No | Consent: □ Patient □ POA □ Medical Necessity |

**CONSENT MUST BE DONE BEFORE VA+ WILL COME**

**ORDER FOR IV THERAPY (Done By Provider)**

**Reason for IV Therapy:** □ Positive Cultures □ Antibiotics □ Hydration □ Nutrition □ Access

**Drug Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Duration:** \_\_\_\_\_\_\_\_\_\_

**Drug Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Duration:** \_\_\_\_\_\_\_\_\_\_

**□ Start IV Therapy Today □ OK start IV therapy AM** **□** DC Midline/PICC after IV therapy done

**ORDER FOR TYPE OF VASCULAR ACCESS DEVICE (Done by Provider)**

**□** Clysis **□** PIV **□** Midline **□** SL PICC **□** DL PICC **□** TL PICC

**□** Vascular Access Specialist to Determine

|  |  |
| --- | --- |
| **Midline ONLY** | □ OK for 1% Lidocaine for local anesthetic |
| □ OK for EMLA cream for local anesthetic □ Care & maintenance per protocol |
| **PICC ONLY** | □ OK for 1% Lidocaine for local anesthetic |
| □ OK for EMLA cream for local anesthetic |
| □ OK for chest x-ray if needed PICC tip placement |
| □ OK for ECG technology to confirm PICC tip placement |
| □ 2mg Cathflo/Activase per lumen per protocol; 4mg Max dose in 24 hours |

**(Print) MD Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MD Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Call Back #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**