

Allergies: NKDA _____

RN: Initial box to confirm that the patient does not have an allergy to heparin or a history of HIT (heparin induced thrombocytopenia) antibodies. If heparin flush required, but the patient is allergic to heparin or is HIT positive, notify physician and do not institute this protocol until clarified with physician.

- Institute these orders for all patients with any IV access device. Flush all unused lumens as indicated below.
- For continuously running IV fluids, flush before and after any incompatible medications given.
- If medic or field start, notify IV therapy.
- For peripheral line starts and accessing ports, may administer lidocaine 1% 0.2 mL intradermally.
- For IV infusion medications, flush IV line at the same rate as IV infusion medication with 25 mL Normal Saline after infusion complete (use 250 mL volume bag or smaller).
- For blood products, clear IV line with Normal Saline before and after infusions.
- IV fluids ordered as "TKO" or "KVO" rate will be infused at 10 mL/ hour unless otherwise specified by physician.

Check box to activate:

Catheter/ Line Type		Normal Saline flush	Heparin 100 units/ mL flush	Normal Saline flush after blood sample
<input type="checkbox"/>	Peripheral Line	2.5 mL before & after IV medications or every 8 hours	No heparin	Catheters not used for sampling
<input type="checkbox"/>	PICC, Subclavian, Jugular, Hohn	10 mL before & after IV medications or every 12 hours	No heparin	20 mL Normal Saline
<input type="checkbox"/>	Midline	10 mL before & after IV medications or every 12 hours	No heparin	20 mL Normal Saline
<input type="checkbox"/>	Groshong	10 mL before & after IV medications or every 12 hours	No heparin	20 mL Normal Saline
<input type="checkbox"/>	Port-A-Cath (PAC)	10 mL (give NS first, followed by heparin)	5 mL after IV medications, prior to de-access (give after NS)	20 mL Normal Saline, followed by heparin or resume IV's
<input type="checkbox"/>	Hickman	10 mL (give NS first, followed by heparin)	2.5 mL after IV medications and every 12 hours (give after NS)	20 mL Normal Saline, followed by heparin or resume IV's

IV Line Maintenance Protocol activated by _____

RN Signature

Date

Time

IV Line Maintenance Standard of Care

Approved by Pharmacy and Therapeutics Committee



IV THERAPY LINE MAINTENANCE PROTOCOL

P0206D (Rev 0611) White – Chart/ Scan to Pharmacy