

Adult Line Care and Flush Standing Orders

*Sterile normal saline (NS) used for ALL lines unless otherwise specified by provider.

*Heparin only if ordered by provider.

*Provider orders supersede standing orders.

*Use PUSH-PAUSE motion and adhere to ANTT with flushing and site care.

| Midline Care | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sterile, transparent dressing change weekly and PRN for compromised integrity. | Flush each lumen with 10 mL saline before and after each medication administration, prior to lab draw, and PRN / Q 24 hours to ensure patency. |
| | Flush each lumen with 20 mL saline after discontinuing viscous solutions (i.e., IVIG) and after each lab draw. |
| | Aspirate 4-5 mL of blood and discard prior to drawing labs. |
| PICC Care | |
| Sterile, transparent dressing change weekly and PRN for compromised integrity. | Flush each lumen with 10 mL saline before and after each medication administration, prior to lab draw, and PRN / Q 24 hours to ensure patency. |
| | Flush each lumen with 20 mL saline after discontinuing viscous solutions (i.e., IVIG) and after each lab draw. |
| | Aspirate 4-5 mL of blood and discard prior to drawing labs. |
| | When not in continuous use, flush valved PICCs at least weekly. |
| Central Line Care (tunneled and non-tunneled; valved or open-ended) | |
| Sterile, transparent dressing change weekly and PRN for compromised integrity. | Flush each lumen with 10 mL saline before and after each medication administration, prior to lab draw, and PRN / Q 24 hours to ensure patency. |
| | Flush each lumen with 20 mL saline after discontinuing viscous solutions (i.e., IVIG) and after each lab draw. |
| | Aspirate 6-9 mL of blood and discard prior to drawing labs. |
| Implanted Venous Access Device Care (Port) | |
| Huber needle and sterile, transparent dressing changed weekly and PRN for compromised integrity or needle malfunction. | Flush each lumen with 10 mL saline before and after each medication administration, prior to lab draw, and PRN / Q 24 hours to ensure patency. |
| | Flush each lumen with 20 mL saline after discontinuing viscous solutions (i.e., IVIG) and after each lab draw, or visible blood in line. |
| | Aspirate 6-9 mL of blood and discard prior to drawing labs. |
| | When not in use, re-access and flush each lumen with 20 mL saline at least every 4 weeks. |
| Peripheral Line Care | |
| Secure site with transparent occlusive dressing. Follow provider orders and nursing policy for replacement of line (at least every 72 hours, or PRN for malfunction), and removal of line. | Flush with 2 mL saline before and after each medication administration, prior to lab draw, and PRN / Q 24 hours to ensure patency. |
| | Flush with 10 mL saline after discontinuing viscous solutions (i.e., IVIG) and after each lab draw. |
| | Aspirate 1-2 mL of blood and discard prior to drawing labs. |