

Pediatric 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

*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 2 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 2-5 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) – weight dependent	
Sterile, transparent dressing change weekly and PRN for compromised integrity.	Flush each lumen with saline before and after each medication administration, prior to lab draw, and PRN / Q 24 hours to ensure patency. Per patient weight:
	<ul style="list-style-type: none"> • <10kg = 3 ml saline • >10kg = 10 ml saline
	Flush each lumen with saline after discontinuing viscous solutions (i.e., IVIG) and after each lab draw. Per patient weight:
	<ul style="list-style-type: none"> • <10kg = 6 ml saline • >10kg = 20 ml saline
	Aspirate blood and discard prior to drawing labs. Per patient weight:
	<ul style="list-style-type: none"> • <10kg = 1 ml • >10kg = 3 ml
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.

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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 mL of blood and discard prior to drawing labs.