

# 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.

<b>Midline Care</b>	
Sterile, transparent dressing change weekly and PRN for compromised integrity.	Flush each lumen with <b>10 mL</b> saline before and after each medication administration, prior to lab draw, and PRN / Q 24 hours to ensure patency.
	Flush each lumen with <b>20 mL</b> saline after discontinuing viscous solutions (i.e., IVIG) and after each lab draw.
	Aspirate <b>2 mL</b> of blood and discard prior to drawing labs.
<b>PICC Care</b>	
Sterile, transparent dressing change weekly and PRN for compromised integrity.	Flush each lumen with <b>10 mL</b> saline before and after each medication administration, prior to lab draw, and PRN / Q 24 hours to ensure patency.
	Flush each lumen with <b>20 mL</b> saline after discontinuing viscous solutions (i.e., IVIG) and after each lab draw.
	Aspirate <b>2-5 mL</b> of blood and discard prior to drawing labs.
	When not in continuous use, flush valved PICCs at least weekly.
<b>Central Line Care (tunneled and non-tunneled; valved or open-ended) – weight dependent</b>	
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. <b>Per patient weight:</b>
	<ul style="list-style-type: none"> <li>• &lt;10kg = 3 ml saline</li> <li>• &gt;10kg = 10 ml saline</li> </ul>
	Flush each lumen with saline after discontinuing viscous solutions (i.e., IVIG) and after each lab draw. <b>Per patient weight:</b>
	<ul style="list-style-type: none"> <li>• &lt;10kg = 6 ml saline</li> <li>• &gt;10kg = 20 ml saline</li> </ul>
	Aspirate blood and discard prior to drawing labs. <b>Per patient weight:</b>
	<ul style="list-style-type: none"> <li>• &lt;10kg = 1 ml</li> <li>• &gt;10kg = 3 ml</li> </ul>
<b>Implanted Venous Access Device Care (Port)</b>	
Huber needle and sterile, transparent dressing changed weekly and PRN for compromised integrity or needle malfunction.	Flush each lumen with <b>10 mL</b> saline before and after each medication administration, prior to lab draw, and PRN / Q 24 hours to ensure patency.
	Flush each lumen with <b>20 mL</b> saline after discontinuing viscous solutions (i.e., IVIG) and after each lab draw, or visible blood in line.
	Aspirate <b>6-9 mL</b> of blood and discard prior to drawing labs.
	When not in use, re-access and flush each lumen with <b>20 mL</b> saline at least every 4 weeks.

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	Flush each lumen with <b>20 mL</b> saline after discontinuing viscous solutions (i.e., IVIG) and after each lab draw, or visible blood in line.
	Aspirate <b>6-9 mL</b> of blood and discard prior to drawing labs.
	When not in use, re-access and flush each lumen with <b>20 mL</b> saline at least every 4 weeks.
<b>Peripheral Line Care</b>	
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 <b>2 mL</b> saline before and after each medication administration, prior to lab draw, and PRN / Q 24 hours to ensure patency.
	Flush with <b>10 mL</b> saline after discontinuing viscous solutions (i.e., IVIG) and after each lab draw.
	Aspirate <b>1 mL</b> of blood and discard prior to drawing labs.