



## Physician Orders ADULT: Midline Catheter Insertion Protocol Plan

### Midline Catheter Insertion Protocol Plan

#### Non Categorized

Criteria for Use: Request for midline catheter to be placed. (NOTE)\*

#### Patient Care

- ☒ Midline Catheter Line Care  
*Routine, Wednesday*  
*Comments: Change dressing every Wednesday.*
- ☒ Midline Catheter Line Care  
*Routine, PRN*  
*Comments: Change dressing as needed if dressing becomes loose, soiled or moist.*
- ☒ Heat Apply  
*prn, PRN Apply To Other (See Special Instructions), Warm Compress (Instant Hot Pack), Line site 3 to 4 times daily for tenderness at site after insertion*
- ☒ Measure Circumference  
*QDay, For 3 day, Of: Arm*  
*Comments: Measure Midline arm circumference midway between elbow and axilla QDay for 3 days after insertion.*
- ☒ No BP or Venipunctures  
*Routine*  
*Comments: In Midline Arm; Place Sign above patient's bed.*
- ☒ Instruct/Educate  
*Instruct: Patient, Topic: Midline Catheter risks and benefits*

#### Nursing Communication

- ☒ Nursing Communication  
*Midline Catheter Insertion Protocol: Change all tubing prior to using the Midline for the first time.*
- ☒ Nursing Communication  
*Midline Catheter Insertion Protocol: Label front of chart "Midline in \_\_\_\_ Arm" to alert other departments.*

#### Medications

- ☐ lidocaine 1% inj  
*3 mL, Injection, Infiltration, once, Routine*
- ☒ Sodium Chloride 0.9% Flush  
*10 mL, Injection, IV Push, q8h, Routine*  
*Comments: (Midline per Lumen)*
- ☒ Sodium Chloride 0.9% Flush  
*20 mL, Injection, IV Push, prn, PRN Other, specify in Comment, Routine*  
*Comments: (Midline per Lumen)*

#### Consults/Notifications/Referrals

- ☒ Notify Physician-Once  
*Notify: Nephrologist, Notify For: Call prior to midline Placement if end stage renal disease or if there is a nephrologist consulted on the case. T;N*
- ☒ Notify Physician-Continuing  
*Notify: Midline Ordering MD, Notify For: Midline site redness, tenderness, edema above site, excessive bleeding at exit site, chest, neck or ear pain, numbness or tingling of affected arm or hand., T;N*

Date

Time

Physician's Signature

MD Number

#### \*Report Legend:

DEF - This order sentence is the default for the selected order





**Physician Orders ADULT: Midline Catheter Insertion Protocol Plan**

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-Required order

