Physician Orders

Blood Marrow Transplant: Central Line Placement Orders

[X or R] = will be ordered unless marked out.

ADULT

Height: ___________ cm
Weight: ___________ kg

Allergies:

[ ] Latex allergy
[ ] Other:

[ ] No known allergies

[ ] Preadmission Work-Up Reason (Pre

Consent Signed For (Preop Consent
Signed For) __________________________ T;N

[ ] Nursing Communication

Have recent Heme labs on the chart.

[ ] Nursing Communication

Have at bedside: __________________________

NOTE: Order a STAT portable CXR after line placement to confirm placement

[ ] Chest 2 Views (CXR)

[ ] Nursing Communication

Flush catheter with NS and heparin per protocol.

[ ] Instruct/Educate

Instruct: patient, Topic: Central line catheter care, confirm teaching prior to discharge

[ ] Physician Group Consult

Group: Medical Anesthesia Group, Reason for Consult: Regional Block

__________________________  __________________________  __________________________  __________________________
Date                              Time                              Physician’s Signature                                              MD Number

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