LONG-TERM CENTRAL VENOUS CATHETER REQUEST – SURGICAL ONCOLOGY

[Fax to: Surgical Oncology Office 3-4598. For problems, call Surgical Oncology Office 2-2391 or Jerrie Smith 2-4411]

PATIENT INFORMATION:

Patient: ___________________________ MR#: _________________________ D.O.B.: _____________

Patient phone: ______________________ Insurance: _____________________

Diagnosis: ____ ICD-9: ______________________

Status: [EMA - SAS - INPT (Room ____________________)]
- Hematologic Disorder?: [NO / YES (Specify: ____)]
  If yes, contact surgeon regarding possible preoperative lab and blood product order.
- Prior long term central venous access/ upper extremity DVT?: [NO / YES (Specify :_____________________________________)]
  (If yes, contact surgeon to consider preoperative venous Duplex ultrasound
  at Vascular Lab 3-9613 to R/O central venous thrombosis prior to line placement).
- Body Fluid Precautions?: [NO / YES (Specify: ____)]

SCHEDULING MD / SERVICE:

Primary Service MD: _____________________________ Pager: ____________

Contact name (person completing form): ___________________________________Phone: ___________ Pager: ____________

Date Request Form Completed: _________________________

LINE REQUEST INFORMATION:

Date Requested: ____________

Surgeon: First Available Mark Kelley Ingrid Meszoely Nipun Merchant

INSERT: Catheter Type (Check):
- ____ Hickman Single Lumen (Bard #0600560)
- ____ Hickman Dual Lumen (Bard #0600620)
- ____ Hickman Triple Lumen (Bard #0606564)
- ____ Pheres-Flow Triple Lumen (Neostar CV332K)
- ____ PortaCath Single Lumen–Standard Port (Boston Scientific Vaxcel #45-362)
- ____ PortaCath Single Lumen-Mini Port (Boston Scientific Vaxcel#45-215)
- ___ PortaCath Dual Lumen (Boston Scientific Vaxcel #45-PRTB10A)
- ____ OTHER:____

Side Preference: (RIGHT / LEFT / NONE)
Reason (i.e. chemotherapy, etc.): ____
Comments: ____

REMOVE

PORTACATH (Specify Side/Type ____)
HICKMAN, PERMACATH, PHERES-FLOW catheters can be removed in outpatient setting. Please contact Surgical Oncology Office 2-2391 to make arrangements.)
Reason (i.e. tx completed, infection, etc.) ______________________________________

PREOPERATIVE INSTRUCTIONS:

- Line placement schedule available at Surgical Oncology Office 2-2391.
- Surgical Oncology Office will confirm date/time of operation with primary service.
- Primary service will need to communicate date/time and preoperative instructions to patient.
- NPO after midnight except sip with usual medications. Will need to hold any antiplatelet, nonsteroidal-antiinflammatory or anticoagulant medications beginning 5 days prior to operation. Last dose of Lovenox to be given the morning prior to procedure
- For coumadin: DC coumadin **5** days prior to operation. Stat PT AM of operation.
- Preoperative labs and/or venous Duplex ultrasound if indicated.

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FOR OFFICE USE ONLY: Date Scheduled: _______________ Confirmation #: ___________________Surgeon:________________________

Checklist: _______ OR Scheduling (3-1366, 6- 6555, 3-8868, 3-5987) _______ Notify Requestor _______ Calendar _______ Pre-Cert 6-1273
_______ Notify Patient _______ Stacy 31551 _______ OR Mgr. 3-2947 ________ Page resident In-pt preop

(Revised: IMM, 04/02/05)