Camper Name: _____ **Birthdate:** _____

CV CATHETER FORM

TO BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER

Complete this form only if the child has a central line (Broviac, Hickman, Portacath, etc.)

Or you may fax a signed Home Care Order in place of this form.

All necessary supplies (dressing kits, heparin, syringes, access needles, EMLA, etc.) must be sent to camp with child. Children will need enough dressing kits for the entire duration of camp (or equivalent supplies.)

Home care agency and contact numbers:_____

Type of catheter: (External) Broviac/Hickman

Single lumen Double lumen

(Internal) Portacath/Infusaport

Other _____

Specific Instructions for catheter care:

Does this child use EMLA? Yes No Other _____

Heparin flush? Yes No strength _____ amount _____ frequency _____

What size needle is used for access? gauge _____ length _____

How often is the dressing changed? _____

When is the cap changed? (day of the week) _____

Does this child place own needle? Yes No

Does this child do any or all of their own catheter care? Yes No *If Yes, please explain* _____

_____

May this line be used to draw blood? Yes No

What, if any, medications are to be infused into this line during the Camp period?

_____

Special instructions:

_____

_____

CENTRAL LINE CONSENT

Unless otherwise specified, all children will shower daily and be permitted to participate in supervised fishing and boating activities.

This child: DOES DOES NOT

have physician approval to shower daily and participate in supervised fishing and boating activities.

_____ _____ _____

Physician (Print Name) **Signature** **Date**

_____ _____ _____

Completed by (Print Name) **Signature** **Date**

Upload to parent dashboard, fax form to 888-524-2477 or email to camperrecruiter@roundupriverranch.org