

Camper Name: _____

Birthdate: _____



CV CATHETER FORM

TO BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER

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