

Your Discharge Plan

My doctor is _____ Phone number _____

My home health nurse is _____ Phone number _____

Other contacts _____

Your Central Line Supplies

The type of line that I have inserted is:

- PICC Tunneled Implanted port Power PICC
- Single lumen Double lumen Triple lumen Other

Date of insertion _____ Inserted by _____

The tip is located at _____ External length is at _____

This line can be used for intravenous fluids, blood sampling, central venous pressure monitoring, and pressure injection of contrast media.

Special instructions:

- Change dressing every ____ day(s) (or if loose, dirty, or wet)
- Change needleless connector every ____ day(s)
(or after blood draws or if blood in connector)
- Flush each lumen with ____ cc of sodium chloride (normal saline) every ____ day(s)
- Flush each lumen with ____ cc of heparin (100 units/mL) every ____ day(s)

Your Follow-Up Visit

My clinic/home care agency/long-term care provider is _____ and
the date of my first visit is _____

During my first visit, I will be ready to review the following steps:

- Demonstrate how to wash hands and prepare a clean surface
- Demonstrate how to give medication
- State what to watch for each day
- Demonstrate how to change a dressing (simulator)
- Demonstrate how to flush
- State what to do in an emergency

Notes:
