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 change a dressing (simulator)

☐ Demonstrate how to give medication

☐ Demonstrate how to flush

☐ State what to watch for each day

☐ State what to do in an emergency

Notes:

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