



# IV Port Flush Order Form

Select patient referral location: Anchorage Palmer Fairbanks

Please fax or securely email to 1-907-921-7669 or RX@luxinfusion.com.  
For new referrals, please **include recent labs and last two office visit notes.**  
Clinic Phone Number: 1-907-744-1944 · luxinfusion.com

## 1. PATIENT INFORMATION

Name:		DOB:	
Home phone:		Other phone:	
Email:			
Social Security #:		Allergies:	
Gender:	M    F	Weight:	
Patient Status:	New to port	Continuing flush	Next flush date (if applicable):

## 2. PHYSICIAN INFORMATION

Physician's Name:		NPI#:	
License #:	TIN#:	DEA#:	
Address:			
City:		State:	Zip:
Office contact:		Email:	
Office phone:		Office fax:	

## 3. DIAGNOSIS INFORMATION

ICD 10 ( \_\_\_\_\_ )

## 4. INSURANCE INFORMATION

Please submit copies of the front and back of primary and secondary insurance cards with this referral.

## 5. PRESCRIPTION INFORMATION (requires new order every 12 months)

### IV PORT FLUSH

Access and De-access implanted port for medication administration, lab draw, and /or port flush. Flush port with 10 ml Normal Saline after each use and every 3 months when not in use

### In Addition to Normal Saline:

Flush Port with heparinized saline solution:  
Dose: 10 units/ml 100 units/ml other  
Amount: 3ml 5ml other

### Catheter Occlusion:

Use Cathflo Activase for catheter occlusion:  
Instill 2mg/2ml in occluded catheter, repeat x 1 if no blood return after 120 minutes  
Do Not use Cathflo Activase for catheter occlusion, notify provider of occlusion

Vital signs per LUX Protocol  
Anaphylaxis & Hydration Management per LUX Protocol

## 6. SIGNATURE (required)

PHYSICIAN'S SIGNATURE

DATE