

NOTE: NURSE MUST INITIAL EACH INDIVIDUAL ORDER

DATE/ TIME	NURSE INIT.	HWC INIT	(Check <input type="checkbox"/> and fill in blanks to initiate order(s))
NOTE: Inpatient systemic antimicrobial medications must be ordered on an "Adult Inpatient Antimicrobial Order Form"			
Please complete the following information:			
1. Specify indication for ethanol lock:			
<input type="checkbox"/> Prevention of central line-associated bloodstream infections (CLA-BSI)			
<ul style="list-style-type: none"> • History of recurrent CLA-BSIs • Limited alternatives for intravascular access 			
<input type="checkbox"/> Treatment of CLA-BSI			
<ul style="list-style-type: none"> • Requires salvage of current intravascular catheter because of inability to place catheter elsewhere 			
2. Catheter type (must be specified): _____			
3. Number of lumens: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			
4. Catheter compatibility checked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<ul style="list-style-type: none"> • Do not proceed with order unless Yes is checked • Silicone catheters only; not to be used for PICC or peripheral IV lines • Compatible: Hickman[®], Broviac[®], Groshong[®] • Incompatible: Portacath[®] and most non-silicone catheters • Refer to http://gotabug.med.miami.edu to check other catheter types 			
5. Flush catheter with normal saline prior to ethanol instillation.			
6. Instill ethanol 70% every Monday – Wednesday – Friday:			
<input type="checkbox"/> Proximal lumen: Instill _____ mL			
<input type="checkbox"/> Medial lumen: Instill _____ mL			
<input type="checkbox"/> Distal lumen: Instill _____ mL			
NOTE: Heparin or citrate solutions <i>CANNOT</i> be administered in the same lumen			
<i>OR</i> a different lumen of the same device in which the ethanol lock is dwelling			
due to formation of a precipitate.			
7. Label the lumen "ETHANOL LOCK – DO NOT FLUSH"			
8. Dwell for 4 hours and REMOVE (aspirate ethanol lock solution).			
<ul style="list-style-type: none"> • If a medication is required during the dwell time, ethanol must be withdrawn and catheter flushed with normal saline before administering 			
<i>Prescriber's Signature</i> _____ <i>Printed name</i> _____ <i>I.D. Number</i> _____ <i>Pager</i> _____			
PHARMACY ORDERS MUST CONTAIN NAME OF MEDICATION -- DOSE – STRENGTH -- ROUTE -- FREQUENCY			



MIAMI, FLORIDA 33136-1096



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ADULT ETHANOL LOCK ORDERS