



CENTRAL VENOUS LINE

FILL OUT THIS FORM ONLY IF THIS CHILD HAS A CENTRAL LINE CATHETER (BROVIAC/HICKMAN , PORTACATH, ETC.).

1. Type of catheter: (External) Broviac/Hickman
- (Internal) Portacath/Infusaport
- Other _____

2. Specific instructions for catheter care:

How often is CVL flushed? _____

What solution is used to flush / lock the line _____

What amount & strength is used? _____

What size needle is used for access? gauge _____ length _____

How often is dressing changed? _____

3. Does this child do any or all of their own catheter care? _____

4. May this line be used to draw blood? _____

5. What, if any, medications are to be infused into this line during the camp period ?

*Please send all necessary supplies (dressing kits, flushes, needles, syringes, etc.) with the child to camp. Children will need at least 5 dressing kits (or equivalent supplies) *if* they plan on swimming every day.*

1. This child does does not Central line consent have permission to take a shower.
2. This child does does not have permission to go swimming in a chlorine-treated swimming pool.
(Dressings will be changed Immediately following swimming).

Name

Signature