

VASCULAR ACCESS DEVICES "Access" FLOWSHEET

ADDRESSOGRAPH

Date (yy/mm/dd):												
Time:												
PICC Line:												
Single Lumen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Double Lumen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Hickman:												
Single Lumen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Double Lumen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Port-a-Cath:												
Single Lumen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Double Lumen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
3/4" Non-Coring Needle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
1 1/2" Non-Coring Needle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Brisk Blood Return:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N						
Blood Drawn:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N						
Dressing Changed:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N						
Cap Changed:	Lg* <input type="checkbox"/>	Sm* <input type="checkbox"/>	Lg <input type="checkbox"/>	Sm <input type="checkbox"/>	Lg <input type="checkbox"/>	Sm <input type="checkbox"/>	Lg <input type="checkbox"/>	Sm <input type="checkbox"/>	Lg <input type="checkbox"/>	Sm <input type="checkbox"/>	Lg <input type="checkbox"/>	Sm <input type="checkbox"/>
Lg*-Large Sm*-Small Dbl*-Double	Single <input type="checkbox"/>	Dbl* <input type="checkbox"/>	Single <input type="checkbox"/>	Dbl <input type="checkbox"/>	Single <input type="checkbox"/>	Dbl <input type="checkbox"/>	Single <input type="checkbox"/>	Dbl <input type="checkbox"/>	Single <input type="checkbox"/>	Dbl <input type="checkbox"/>	Single <input type="checkbox"/>	Dbl <input type="checkbox"/>
Flush & Locked (Per lumen):	Heparin _____ units & Sodium Chloride 0.9% _____ mL	Heparin _____ units & Sodium Chloride 0.9% _____ mL	Heparin _____ units & Sodium Chloride 0.9% _____ mL	Heparin _____ units & Sodium Chloride 0.9% _____ mL	Heparin _____ units & Sodium Chloride 0.9% _____ mL	Heparin _____ units & Sodium Chloride 0.9% _____ mL						
Record the amount of heparin and total amount sodium chloride administered (includes flush and lock-up).												
See Progress Notes:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N						
R.N. Initials:												
Initials	Signature/Designation			Print Name/Designation								