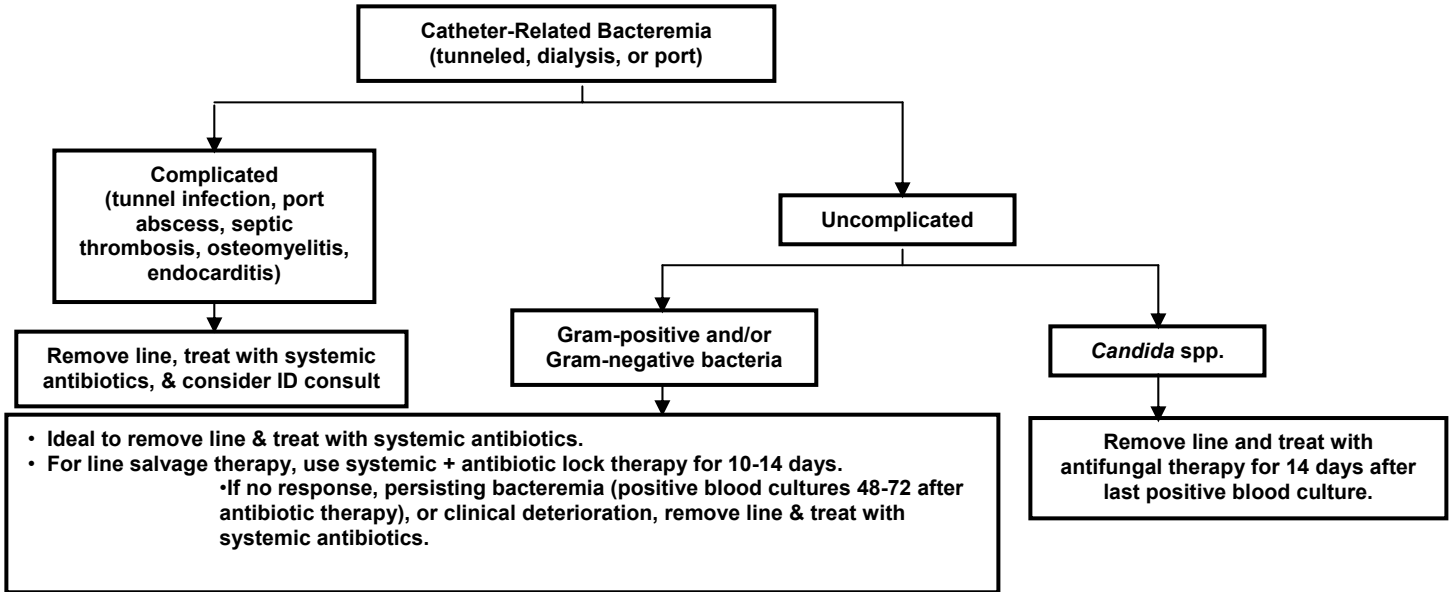


Use Black or Blue Ball Point Pen – All Entries Must Be Dated and Signed


**Diagnosis:**

1. Presence of an intravascular device, at least one positive blood culture obtained from a peripheral site, clinical manifestations of infection, and no apparent source for bloodstream infection.

PLUS

2. Differential time to positivity (positive line culture result is obtained at least 2 hours earlier than a positive peripheral blood culture result). NOTE: Other methods can be used for diagnosis; refer to article cited below.

Mermel LA, et al. Guidelines for the management of intravascular catheter-related infections. Clin Infect Dis. 2001;32:1249-72.

	(Check desired antibiotic)	(Check heparin concentration if needed)
Date/Time	<b>Antibiotic Lock Solution*</b> (in Normal Saline)	<b>Heparin 2500 units/mL*</b> (100 units/mL will be used for pediatrics)
	<input type="checkbox"/> vancomycin 2.5 mg/mL	<input type="checkbox"/> Check to add heparin
	<input type="checkbox"/> gentamicin 2 mg/mL	<input type="checkbox"/> Check to add heparin
	<input type="checkbox"/> vancomycin 2.5 mg/mL + gentamicin 2 mg/mL	<input type="checkbox"/> Check to add heparin

\* final concentration of each ingredient

PHYSICIAN TO RECORD PORT IDENTITY and	Port identity _____ Volume _____ mLs
VOLUME OF ANTIBIOTIC SOLUTION TO INSTILL**	Port identity _____ Volume _____ mLs

\*\*Use volume as indicated or printed on the catheter line.

**Lock Procedure**

Dwell time for antibiotic lock solution should be for a period of at least 6 h at least twice per day (total of at least 12 h).

1. Withdraw contents of lumen (antibiotic lock solution) and discard.
2. Flush catheter with normal saline.
3. Administer ordered medication through line.
4. Flush catheter with normal saline.
5. Instill volume of antibiotic lock solution to fill lumen of catheter.
6. Be sure to aspirate antibiotic lock solution before using line to administer medications.

**NOTE:** If you need to use an antibiotic not listed on this form or you are considering antibiotic lock therapy for prophylaxis rather than treatment, please consult the Infectious Disease service.

Physician Signature: \_\_\_\_\_ Carecast #: \_\_\_\_\_