



Chandler Unified School District #80

Vascular Access Device Care Plan and Order for Prescribed Services

Student Name: _____ DOB: _____

School: _____ Grade: _____ Date: _____

To Be Completed by Licensed Health Care Provider:

Type of Vascular Device: _____

Indication for Vascular Access Device: _____

The above-named student has a vascular access device inserted into a large vein. There are several types of catheters (Central Venous Catheters, Peripherally Inserted Central Catheters, and Implantable Venous Access Devices). These catheters are used to administer medication, blood products, or intravenous nutrition, or they can be used for drawing blood samples.

The vascular access device with catheter is secured under the skin and is difficult to pull out. The catheter should be securely taped down for activities such as gym or recess. The following actions should be taken if the catheter is pulled out:

1. Apply pressure to the catheter site for 20 minutes and keep the child in the sitting position.
2. Immediately notify the parent/guardian and the child is to go home. EMS may be called at parent request.

Emergency Care

The following actions should be taken if the catheter is cut:

1. Place clamp above the site of the cut.
2. Wrap cut area in sterile gauze.
3. Immediately notify the parent/guardian and the child is to go home. EMS may be called at parent request.

Other pertinent information: _____

I am aware that the parent/guardian will train the staff/unlicensed personnel to clamp the vascular access device in the event of an emergency.

**Standards of care available upon request*

Licensed Healthcare Provider Name: _____ Phone No. _____
(print)

Licensed Healthcare Provider Signature

Date

I agree with the above care plan and to provide necessary equipment/supplies properly labeled for use in school. I will train the staff/ unlicensed assistive personnel to administer the above procedure. I grant permission for the school staff to communicate directly with the above-named provider, regarding this care plan. I will notify the school of changes in procedure or provider.

Parent/Guardian Signature: _____ Phone No. _____ Date: _____