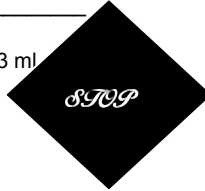


Barcode Patient Label

PICC MIDLINE ASSESSMENT AND PROCEDURE NOTE

Date: _____ Time: _____

ASSESSMENT	Diagnosis: _____ Allergies: _____ Age: _____ Current Therapy: _____ Order (date/time): _____ Indication: <input type="checkbox"/> Long term antibiotics <input type="checkbox"/> Nutrition <input type="checkbox"/> Poor Access <input type="checkbox"/> Multiple Reasons <input type="checkbox"/> Chemo Previous History: <input type="checkbox"/> Vascular Access Device _____ <input type="checkbox"/> Pacemaker <input type="checkbox"/> Cardio/Thoracic Surgery _____ <input type="checkbox"/> Mastectomy: Left Right <input type="checkbox"/> Other- _____ <input type="checkbox"/> Written Order <input type="checkbox"/> Consent Obtained <input type="checkbox"/> Education provided to patient/family
	Labs: <input type="checkbox"/> Labs reviewed <input type="checkbox"/> WNL <input type="checkbox"/> Bleeding possible <input type="checkbox"/> Labs discussed with physician Platelets _____ PT _____ INR _____ APTT _____ Creatinine _____ Hgb _____ HCT _____ Blood Cultures _____
	Recommendations: <input type="checkbox"/> Peripheral IV <input type="checkbox"/> Midline <input type="checkbox"/> Peripherally inserted central catheter <input type="checkbox"/> Other _____ Comments: _____ Signature: _____ Date _____ Time (24 hr) _____ <input type="checkbox"/> No attempt at line placement -referred to radiology: (date/time): _____
PLACEMENT	<input type="checkbox"/> Exchange done: _____ <input type="checkbox"/> Modified Seldinger Technique (MST) Measurements: Catheter length needed: _____ cm. Arm circumference: _____ cm. External catheter length _____ cm. Catheter lot #: _____ expiration date: _____ Internal catheter length: _____ cm. <input type="checkbox"/> Lidocaine/ Bicarbonate Administration- 0.1- 0.3 ml <div style="text-align: center; margin: 10px 0;"></div> <input type="checkbox"/> TIME OUT PERFORMED <input type="checkbox"/> 2 Patient identifiers obtained <input type="checkbox"/> H & P Present <input type="checkbox"/> Imaging Studies Reviewed <input type="checkbox"/> Consent Obtained and signed <input type="checkbox"/> Verified Procedure/site/ side (check all that apply) <input type="checkbox"/> Operating Signature: _____ <input type="checkbox"/> Supervisor Signature: _____
	Procedure: date/time _____ Number of attempts: to Access _____ to thread _____ <input type="checkbox"/> Placed without difficulty <input type="checkbox"/> Placed -difficulty accessing <input type="checkbox"/> Placed -difficulty threading <input type="checkbox"/> MST used <input type="checkbox"/> Site rite used <input type="checkbox"/> Unable to place <input type="checkbox"/> Referred to Radiology: date/ time: _____ Catheter placed: <input type="checkbox"/> 6 Fr TL PICC <input type="checkbox"/> 5 Fr DL PICC <input type="checkbox"/> 4 Fr SL PICC <input type="checkbox"/> 5 Fr Midline <input type="checkbox"/> 4 Fr Midline Arm used: <input type="checkbox"/> Right <input type="checkbox"/> Left Vein used: <input type="checkbox"/> Basilic <input type="checkbox"/> Median Cubital <input type="checkbox"/> Cephalic Blood return: <input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes, all lumens EBLs: <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate (pressure dressing applies) Flushes easily <input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes, all lumens Patient Care booklet given: <input type="checkbox"/> To patient <input type="checkbox"/> Placed in patients chart Pain Rating (0 - 10) _____ flacc _____ Signature: _____ Date _____ Time (24 hr) _____
CONFIRMATION	Xray placement: (PICC only) <input type="checkbox"/> Superior vena cava (SVA) <input type="checkbox"/> SVC / Right Atrial Junction (If tip is in the SVC or SVC/ RA junction, the line may be used.) Xray read by Dr. _____ Adjust Made: _____ Comments: _____ _____ _____ External Catheter length : _____ cm Signature _____ Date _____ Time (24 hr.) _____