PICC/Midline Insertion Record

Patient label

Prescribed By__________________________

Indication(s) for catheter: □ Anti-infectives □ Pain control □ Chemo/Biotherapy □ Hydration/IV fluids □ Parenteral nutrition

Medical records assessed for □ Medical diagnosis □ Current medications □ Current lab values

History of □ Mastectomy on __________ side □ Broken clavicle _________ side □ Paralysis _________ side □ Dialysis shunt _________ side □ Vasovagal reaction □ Previous central venous catheters □ Other________________________

Allergies__________________________

Dominant hand □ Right □ Left Patient education and Information Booklet given □ Yes □ No Consent Form signed □ Yes □ No (If education or signed consent is not possible, DO NOT proceed with insertion.)

Insertion Procedure

Date prescribed __________ / ______ / ______ Date inserted __________ / ______ / ______ Inserter________________________

Time Out performed to verify □ Patient identification □ Correct side and site □ Signed consent □ Agreement on procedure to be performed □ Patient position

Pre-procedure medication________________________

Upper arm circumference (3 inches above insertion site)

Check all that apply □ PICC □ Midline □ Single lumen □ Dual lumen □ 3 F □ 4 F □ 5 F □ 6 F □ Basilic vein □ Cephalic vein □ Median cubital □ Brachial vein □ Right arm □ Left arm □ Peel-away sheath □ Modified Seldinger □ Seldinger □ Ultrasound used □ Yes □ No

Anesthetic used □ Lidoceaine 1% sq □ EMLA Cream □ Iontopherisis

_____ CM Manufactured length _______ CM trimmed off

_____ CM inserted into vein_____ CM left external (do not include catheter hub)

Catheter Brand__________________________ Lot #________________________

Number of attempts: □ To access_________ To thread_________

□ Placed without difficulty □ Placed with difficult access □ Placed with difficulty threading □ Unable to place

Blood return □ Yes □ Noflushes easily □ Yes □ No

Comments__________________________

Initial catheter tip location □ Superior Vena Cava □ Brachiocephalic (Innominate) □ Subclavian □ Rt atrium □ Rt ventricle □ Other (describe)________________________

Catheter repositioning required □ Yes □ No

Repositioning techniques________________________

Repeat Chest xray □ Yes □ No Final tip location________________________

External length after repositioning________________________ Securement method □ Statlock □ Sterile tape □ Sterile wound closure strips

Dressing applied □ Gauze with tape □ Gauze with transparent membrane □ Hemostasis gel □ Transparent membrane only

Signs posted about no venipuncture or blood pressure on arm with catheter □ Yes □ No

Information sheet completed and given to patient including baseline arm circumference, external catheter length, and flush status □ Yes □ No

Signature of Inserter________________________