

# 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  Lidocaine 1% sq  EMLA Cream  Iontophoresis

\_\_\_\_\_ 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  No Flushes 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 \_\_\_\_\_