### PICC MIDLINE ASSESSMENT AND PROCEDURE NOTE

#### Diagnosis: ________________________________  Allergies: ________________________________

- Current Therapy:  
  - Long term antibiotics  
  - Nutrition  
  - Poor Access  
  - Multiple Reasons  
  - Chemo  
  - Pacemaker

- Previous History:  
  - Vascular Access Device  
  - Cardio/Thoracic Surgery  
  - Mastectomy: Left  
  - Right  
  - Other:  
  - Written Order  
  - Consent Obtained  
  - Education provided to patient/family

- Age: ___________

- Indication: ________________________________

- Order (date/time): _______________________

- Labs:  
  - Platelets: ____________  
  - PT: ____________  
  - INR: ____________  
  - APTT: ____________  
  - Creatinine: ____________  
  - Hgb: ____________  
  - HCT: ____________

- Blood Cultures: __________________________________________________________

- Recommendations:  
  - No attempt at line placement—referred to radiology: (date/time): _______________________

- Comments: ____________________________________________________________

- Signature: ___________________________________________  Date ___________  Time (24 hr) ____________

#### ASSESSMENT

- Exchange done:  
  - Modified Seldinger Technique (MST)
  - TIME OUT PERFORMED
  - 2 Patient identifiers obtained
  - H & P Present
  - Imaging Studies Reviewed
  - Consent Obtained and signed
  - Verified Procedure/site/ side
    - (check all that apply)
  - Operating Signature: ____________________
  - Supervisor Signature: ____________________

- Exchange done:  
  - Site rite used

- Measurements:  
  - Catheter length needed: __________ cm.
  - Arm circumference: __________ cm.
  - External catheter length: __________ cm.
  - Catheter lot #: __________ expiration date: __________
  - Internal catheter length: __________ cm.
  - Lidocaine/ Bicarbonate Administration: 0.1-0.3 ml

- Procedure: date/time  
  - Placed without difficulty
  - Placed—difficulty accessing
  - Placed—difficulty threading
  - MST used
  - Site rite used

- Procedure: date/time  
  - Refered to Radiology: date/time: _______________________

- Catheter placed:  
  - 6 Fr TL PICC
  - 5 Fr DL PICC
  - 4 Fr SL PICC
  - 5 Fr Midline
  - 4 Fr Midline

- Arm used:  
  - Right
  - Left

- Vein used:  
  - Basilic
  - Median Cubital
  - Cephalic

- Blood return:  
  - Yes
  - NO
  - Yes, all lumens

- EBLs:  
  - Minimal
  - Moderate (pressure dressing applies)

- Flushes easily  
  - Yes
  - NO
  - Yes, all lumens

- Patient Care booklet given:  
  - To patient
  - Placed in patients chart

- Pain Rating (0-10) ________________  flacc ________________

- Signature: ___________________________________________  Date ___________  Time (24 hr) ____________

#### PLACEMENT

- Xray placement: (PICC only)  
  - Superior vena cava (SVA)
  - 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: __________________________________________________________

- Signature: ___________________________________________  Date ___________  Time (24 hr) ____________

- External Catheter length: __________ cm