PICC Data Collection Tool

Dx/Hx:_____
Reason: _____
PICC Type:_____
Arm: R or L
Vein: Basilic Brachial Cephalic

Date inserted:_____
Date D/C'd:_____

Official tip placement:_____
☐ **Repositioned_____**

✱ **Dwell Days:_____**

☐ **At increased risk for thrombosis**
☐ **Complication(s) see below**

Insertion comments:_____
_____
_____

☐ **Tip Cultured**
Reason:_____
Culture results:_____
Other blood cultures:_(dates)_____

Room Number	Date	Drsg Δ	Arm Circ	Ext. length	Complications /Nsg Interventions/Comments	Nurse