PICC Data Collection Tool

Dx/Hx:_____ **RM #**_____
Age:_____ **Date Inserted:**_____
☐ **F** ☐ **M** **Date D/C'ed:**_____
PICC Type:_____ ✱ **Dwell Days:**_____

☐ No Complications noted during dwell time
☐ Pt left the facility with PICC in place Date:_____

Complications:
1. Suspected CRBSI
2. Confirmed CRBSI
3. Catheter Breakage
4. Exchange (reason)
5. Occlusion (reason)
6. Malpositioned (after Correct placement)
7. Migration
8. ESMP
9. Stuck catheter
10. Thrombus(central/peripheral)
11. Site problems (infection,cellulitis Skin issues)
12. Other

Reason for Removal: ☐ Therapy completed ☐ MD Order ☐ Fracture ☐ Thrombus
☐ Accidental ☐ Suspected Infection or Fever ☐ ESMP
☐ Exchange ☐ Other_____
☐ Discontinued B/C of Infection Confirmed by: ☐ Blood culture ☐ tip culture ☐ Site
☐ Peripheral
☐ From PICC

☐ Pt came in with a PICC placed at another facility Tip location:_____

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