

Peripherally Inserted Central Catheters
(PICC)

To be filled out for every PICC attempt at
insertion or Complication/Removal.

STAMPER

To Be Filled Out By Inserting Nurse:

Date of insertion: __/__/__ Time: _____

Inserting RN signature: _____

Assist: _____

MD Order: Yes / No Sheath over: Yes / No

Successful insertion: Yes / No

Education provided to patient/caregiver Yes / No

Signed Consent: Yes / No

A. Primary reason for insertion: (circle)

1. Poor peripheral access
2. Irritating drug therapy
3. Obtain reliable access
4. Anticipated long-term IV use
5. Other: _____

Previous IV therapy: # of days: _____

B. Catheter Brand: _____ **Lumen:** _____

French ____ Gauge: ____ Beveled tip: Yes/No

Length of catheter to zero: _____

Length of catheter outside vein (from hub to
insertion site): 3cm to zero + _____

Lot Number _____

Number of Attempts: _____

Vein location Right or Left: _____

C. Mode of Insertion: (Circle)

Modified Seldinger Technique Ultrasound

Other: _____

D. Intra dermal Lidocaine used: Yes / No.

Topical Anesthetic used: Yes / No.

Type: _____

E. Chest X-Ray done Yes / No NA.

Comments: _____

G. Tip placement

1. Central: (Please specify distal tip location)

_____ MD
Verbal confirmation by: _____

H. Was guidewire easily removed? Yes/ No

If No, _____

I. Catheter Securement: _____

J. Dressing Coverage: _____

K. Patient's response: _____

L. Sterile technique maintained? Yes / No

If No, _____

Complications: Fill out and return to Infusion Services

A. Persistent Withdrawal Occlusion (PWO):

Date: __/__/__ TPA line? Yes / No.

Resolved? Yes / No.

B. Complete Occlusion: Date __/__/__ TPA line? Yes/ No

of times? ____ Resolved? Yes/ No.

Line removed? Yes / No.

C. Repair: Date: __/__/__ Reason? _____

Post repair length? ____ cm Ext. length ____ cm.

D. Phlebitis: Chemical Mechanical

Symptoms: Red Edema Tender Burning Cording

Arm Circumference ____ cm

E. Thrombus: Verified by studies? Yes / No.

Location R/L _____ vein Superficial / Deep

Line pulled? Yes / No. Date: __/__/__.

F. Infection: Date? __/__/__ Line pulled? Yes / No

Where? PICC Blood Insertion Site

Removal: Fill out and return to Infusion Services

Date: __/__/__ By Whom? _____ RN

Reason? _____

Was removal difficult? Yes / No. If Yes, _____

Patient's response: _____
