CONSENT FOR PLACEMENT OF PICC – SHORT/MIDLINE

Placement of a peripherally inserted central/midline catheter has been ordered by your physician for the following reason(s)-

(please check)

☐ Intravenous Access  
☐ Total Parenteral Nutrition  
☐ Intravenous Antibiotics  
☐ Intravenous Medications  
☐ Intravenous Hydration—

Other __________________________.

The PIC catheter is inserted into one of the arm or leg veins with the tip advanced to a central vein. A midline is a shorter catheter with the tip usually residing in the upper arm or thigh.

As with all invasive procedures, some risks are involved in placement of either line. They include:

1. Improper positioning
2. Bleeding
3. Sterile mechanical phlebitis (rare - < than 5%)
4. Cellulitis
5. Catheter sepsis
6. Air embolism (rare)
7. Thrombophlebitis (subclavian or peripheral)
8. Pain with infusion
9. Drainage at exit site
10. Difficulty removing catheter
11. Catheter tip migration
12. Nerve/arterial injury (extremely rare)

Placement of the PICC or midline, including benefits and risks have been explained to my satisfaction. Any questions I may have had concerning line placement, benefits and risks have been answered by my ordering physician or designee prior to this consent being signed.

I confirm that I have read or have had read to me and understand the above and that all blank spaces have been completed prior to signing.

Patient/authorized representative’s printed name:________________________________________

Patient/authorized representative’s signature:________________________________________

Date:_________________________ Time:_________________________

Relationship, if signed by Person other than patient:____________________________________

Witness’ printed name:____________________________________________________________

Witness’ signature:_______________________________________________________________