

Jefferson Regional Medical Center PICC LINE INSERTION AND INFORMED NURSING CONSENT AND AGREEMENT FOR TREATMENT

02-191-0402

1. I agree to have a Peripherally Inserted Central Catheter (PICC) placed in my arm.
2. The catheter insertion procedure, care, maintenance, and complications have been explained to me and I understand them.
3. I understand that this is not the only way I can receive my medication. I understand that my health care team has determined that the PICC line would be the safest and most effective means of giving my medication at this time. Alternative vascular access device options _____ for giving my medication have been explained and I have chosen this one.
4. I realize this procedure will be performed only by a nurse who has been specially trained and certified to insert PICC lines.
My catheter will be inserted by _____, or similarly trained nurse.
5. I realize that this is an invasive procedure and there are certain risks associated with the procedure such as catheter or air embolism, arterial puncture, infection, irregular heartbeat, and venous thrombosis.
6. I understand that while the catheter will be placed in my upper arm, the end will come to rest in an area near my heart.
7. I have the right to voice any questions I may have about this procedure and I expect knowledgeable answers. I also understand that Jefferson Regional Medical Center has specific policies relating to the care which will be given to me and include provisions for termination of this line at my request, the request of a physician, and/or the decision of the clinician caring for my line. I agree to abide by the terms of these policies in all respects.

SIGNATURES

PATIENT SIGNATURE OR LEGALLY AUTHORIZED REPRESENTATIVE

DATE

TIME

RELATIONSHIP OF REPRESENTATIVE

DATE

TIME

WITNESS

DATE

TIME