

SAMPLE CONSENT
PLACEMENT OF PERIPHERALLY INSERTED CENTRAL CATHETER

I, _____, agree to have a peripherally inserted central catheter (PICC) inserted through a vein in my arm.

I understand my physician, Dr. _____ has ordered this catheter

I understand that this catheter will be placed in a vein of my arm and that the end of the catheter will come to rest in my upper chest vein near my heart. The location of the catheter will be verified by a chest x-ray, which will be taken immediately after the insertion procedure.

I understand that a PICC is not the only way I can receive my medication(s). I understand that my health care team has determined that, at this time, a PICC would be the safest and most effective means of giving my medications. The other types of catheters available have been explained to me and I agree that the PICC is the preferred method.

I understand that only a nurse who has been specially trained to insert PICCs will perform the catheter insertion procedure. My PICC will be inserted by _____
_____.RN.

I realize that this is an invasive procedure and has certain risks, such as:

1. Air embolism – air entering the catheter and traveling to my lungs
2. Catheter fracture – a break in the catheter wall
3. Catheter embolism – a piece of the broken catheter moving to my heart or lungs
4. Catheter rupture – a hole in the catheter
5. Arterial puncture - penetration of an artery close to the insertion site on my arm
6. Fibrin sheath – a sleeve surrounding the catheter in the vein composed of protein found in the blood.
7. Nerve damage – piercing a nerve located close to the insertion site
8. Catheter occlusion – the inability of the catheter to yield a blood return and/or allow for infusion
9. Hematoma – a collection of blood in the tissue under the skin
10. Phlebitis – inflammation of the vein wall
11. Catheter migration – movement of the catheter tip from the original location to another vein
12. Catheter dislodgement – movement of the catheter into or out of the insertion site
13. Catheter infection – infection at the insertion site
14. Bloodstream infection – infection in my bloodstream
15. Infiltration - leakage of fluid out of the catheter and into the tissue surrounding the vein
16. Cardiac arrhythmia – changes in the normal pattern of how the heart beats.
17. Vein thrombosis – a blood clot inside the vein near the catheter

All appropriate measures will be taken to reduce the chances of these occurring.

This procedure will be attempted because I appear to be a good candidate. I realize there is a chance that it may not be successful on me. If attempts to place a PICC fail, my physician will be notified for further options.

The risks and benefits of a PICC have been explained to me. The alternative methods for infusing medications have also been explained to me.

I have the right to ask any questions I may have about this procedure and I can expect knowledgeable answers.

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

Patient/authorized representative's printed name: _____

Patient/authorized representative's signature _____

Relationship if signed by person other than patient: _____

Witness' printed name _____

Witness's signature _____

Date _____ Time _____