

LOVELACE

WESTSIDE HOSPITAL

PICC Catheter Patient Hand-off Communication Form

Primary Nurse to PICC Nurse Assessment and Report: *Please obtain and witness PICC Consent prior to arrival of PICC Nurse. Please insure patient is in bed with a clean over-bed table in room.*

Date:	Order Present::	Consent Signed:	Ordering MD:
Allergies:			
Relevant History and Diagnosis:			
Indication for PICC Placement:: (Check all that apply)		Antibiotics:	TPN:
Pressors:	Poor Access:	Infiltration:	Blood draws:
Vessicants:	Power Injection:	Other:	
Current IV medications and fluids:			
Is patient anti-coagulated? Y or N		If so, Which Drug(s)?	
Last PTT if on Heparin Drip		Last PT/INR if on Coumadin	
Date			
Suspected Septicemia? Y or N	Positive culture or GS? Y or N	Site:	
Precautions: (Check all that Apply) Standard Contact Droplet Respiratory Other			
Mental Status(check all that apply) Alert Oriented Confused Unresponsive Agitated			
Restraints?	Is the patient on telemetry? Y or N	Does the patient have a pacemaker? Y or N L or R	
Hx of Mastectomy? Y or N L or R	Dialysis graft/ Catheter? Y or N L or R	UE DVT? Y or N	
Hx of Previous PICC Y or N L or R	Hx of CVC, Port, CABG, or Central Venous Stent? Y or N		
Is PICC intended for use in an outpatient setting? Y or N	Is Patient diabetic? Y or N	O2? Y or N	
Most recent Vital Signs:	T:	HR:	R:
BP:	SpO2:		

Nurse Signature: _____

PICC Nurse to Primary Nurse Assessment and Report:

Date/Time:	Consent Verified:	Order Verified:	Prior IV site:
Time Out@:	Start Time:	Finish Time:	Prior IV Discontinued Y or N
Catheter Brand:		Exp. Date:	Lot Number:
Fr. Size:	Number of Lumens:	Original Length:	Trimmed Length:
Site: R or L	Vein:	External Length:	Internal Length:
Maximum Barrier Precautions: Yes		Ultrasound Guidance: Yes	Lidocaine 1% 1-5 ml SQ: Y or N
Number of Attempts:	Site Circumference:	External Site to SVC Length:	
Access Needle Ga.	Introducer Length:	Guide-wire Type:	
Tip Location Method:	Sherlock TLS:	Jugular Ultrasound Scan:	
Visitors Present:: Y or N	Who?	Blood return verified:	
Procedure Notes:			
Complications: Y or N : Description:			
Time X-Ray Ordered:	Time Tip Verified:	Radiographic Verification by:	
BioPatch Applied: Y or N	StatLock Applied: Y or N	Transparent Dressing Applied: Y or N	
PICC Re-positioned? Y or N : Description:			
Patient and bed left the same as pre-procedure Y or N			

Nurse Signature: _____

Revised May 2009

Patient Label
