Bethesda Hospital East 2815 S. Seacrest Blvd Boynton Beach,FL 33435 (561) 737-7733 Bethesda Hospital West 9655 Boynton Beach Blvd, Boynton Beach, FL 33472 (561) 336-7000

AUTHORIZATION FOR PERIPHERALLY INSERTED CENTRAL CATHETER (PICC)

PATIENT:

A PICC is long, small flexible plastic tube that is put in your arm and threaded so that the tip rests in a big vein in the chest. The catheter can be used for all types of fluids and medications that need to be given into your vein. A nurse has been specially trained and qualified to insert this catheter will be putting it in. This catheter can stay in your arm for one year or more as long as there are no complications needing it to be removed. After insertion of the catheter, a chest x-ray will be taken to make sure it is in the correct place before it is used.

BENEFITS: Having a **PICC** line would eliminate the need for peripheral blood draws or starting an IV (intravenous catheter). Certain medications or nutritional solutions that are given via an IV can irritate small veins. A **PICC** line helps to decrease vein irritation should you receive antibiotics for more than a week, IV pain medications or IV cancer drugs. A **PICC** line can be left in place when you go home. If you go home with a **PICC** line in place, home care can be set up to help you.

RISKS: Include, but are not limited to bruising, swelling, infection, malpositioned catheter (catheter tip in wrong place), occlusion (blocked catheter), mechanical phlebitis (vein irritation) and thrombosis (clot). Your doctor is the person you should talk to if you have questions about what would happen if you do not choose to have a PICC line put in. Your doctor is also the one to talk to you about other choices you may have.

ALTERNATIVES: The PICC team nurse has explained the procedure, risks and complications and has answered all my questions to my satisfaction. I have been fully informed of and understand the associated risks, benefits and medically acceptable alternatives to this procedure including the option to refuse. I hereby give consent for the insertion of a PICC catheter by the certified PICC nurse. I understand that an interventional Radiologist will place the PICC line with ultrasound or fluoroscopic (X-RAY) guidance if the PICC nurse is unable to successfully put in the catheter or the catheter needs to be redirected.

(PATIENT SIGNATURE)	Date:	_Time:
Patient is unable to sign because:		
(If patient unable to sign, person authorized to sign.)	Date:	Time:
(Witness to Signature or Telephone Consent Only)	Date:	Time:
(Second Witness to Telephone Consent Only)	Date:	Time:

Date: Time:				
(PICC Nurse) Date: Time:				
Blood Transfusion Consent Form	MRIN#:			
	DOB:			
	AGE:			
	DATE:			
	TIME:			
	Blood Transfusion	Blood Transfusion Consent Form DOB: AGE: DATE:		