

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:

I here by authorize Doctor(s)

to perform upon

the following procedure or operation:

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.

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I UNDERSTAND that no guarantees have been made to me that this operation will improve my condition.

(PATIENT SIGNATURE)

Patient is unable to sign because:

(If patient unable to sign, person authorized to sign.)

(Witness to Signature or Telephone Consent Only)

(Second Witness to Telephone Consent Only)

Interpreted By:

PICC Nurse

FORM:	AUTHORIZATION FOR PERIPHERALLY INSERTED CENTRAL CATHETER (PICC)	MR#:	
PATIENT:		DOB:	
PATIENT#:		AGE:	
GENDER:		DATE:	
ADMIT DATE:		TIME:	