

Completion Date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient Sticker/Stamp

Allergies: \_\_\_\_\_

**Indications**

Expected IV therapy > 14 days

Known vesicant therapy > 6 days

Intermittent vesicant therapy > 5 days

Non-vesicant therapy > 14 days

Known vesicant therapy < 5 days

Difficult venous access/Poor vascular integrity

Non-vesicant therapy < 6 days

TPN / chemotherapy

Other: \_\_\_\_\_

**Education**

Participant

Barriers, Methods & Response

Patient: \_\_\_\_\_

Family Member: \_\_\_\_\_

Timeout Date: \_\_\_\_\_ Time: \_\_\_\_\_

PICC RN Signature

Witness Signature

Correct procedure side / site identified

Patient correctly identified using 2 patient identifiers (patient name / DOB)

Identification of supplies and/or special equipment needed for procedure

Identification of procedure to be done

Correct procedural positioning identified

Safety precautions based on patient history, allergies and/or medications

**Access Data**

Product #: \_\_\_\_\_ Lot #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Size: \_\_\_\_\_ Trimmed: \_\_\_\_\_ Int Length: \_\_\_\_\_ cm Ext Length: \_\_\_\_\_ cm Total: \_\_\_\_\_ cm

Access Site: \_\_\_\_\_ Vein Used: \_\_\_\_\_ Post-Procedure Arm Circumference: \_\_\_\_\_ cm

Ultrasound: \_\_\_\_\_ Max Barrier: \_\_\_\_\_ Antimicrobial Device: \_\_\_\_\_

Local Anesthetic: \_\_\_\_\_

Securement: \_\_\_\_\_

# of Attempts: \_\_\_\_\_

Flushes Easily: Yes No

Blood Return: Yes No

Notes: \_\_\_\_\_

PICC Tip Location: \_\_\_\_\_ Using: \_\_\_\_\_

MD/RN Reviewing: \_\_\_\_\_

Note: \_\_\_\_\_

Ordered by: \_\_\_\_\_

Completed By: \_\_\_\_\_

Handoff Communication to: \_\_\_\_\_

DAX RN Signature

Date

Time

Date: \_\_\_\_\_ Time: \_\_\_\_\_

### PICC Line Placement Orders

- ☐ May use PICC line after radiologist confirms tip placement over the SVC or Atriacaval junction per chest x-ray
  - ☐ STAT portable chest x-ray for PICC line placement (if needed)
- OR
- ☐ PICC Line tip confirmed in SVC with ECG technology, line cleared for use.

- 1% Lidocaine SQ for PICC placement.
- Flush each lumen with 10ml Normal Saline before and after IV meds, after blood sampling, and PRN.
- Flush each unused lumen with 10 ml of Normal Saline every 8 hours and PRN. Follow hospital protocol for other flushing guidelines.
- Use a 10mL syringe or larger for all flushes, IV pushes, and lab draws.
- Change dressing every week, and as needed for a soiled or damaged dressing.
- Change antimicrobial dressing, stabilization device and injection caps with each dressing change.
- Apply warm moist heat packs for 20 min QID and elevate extremity as needed for redness or tenderness. Notify physician if symptoms worsen or do not resolve.
- May use PICC line for lab draws.
- May use PICC line for radiology power injections.
- No B/P or needle sticks to \_\_\_\_\_ arm.

TO/RB Dr: \_\_\_\_\_ / \_\_\_\_\_

Facility:		Room:	<div>Patient Sticker / Stamp</div>
Order Received	Date:	Item Completed:	
	Time:	Time Completed:	
RN:			
Notes:			
<p><b>**Charge slips are to be turned in to the facility designated individual immediately after procedure completion**</b></p>			