

PICC/Midline Assessment & Insertion Information

DATE OF PLACEMENT: _____ TIME: _____

DEVICE: MIDLINE PICC Powerglide Poly

ORDERING PHYSICIAN: _____

MEDICATION ALLERGIES: _____

Patient Assessment

DIAGNOSIS: _____

INDICATION: _____

SPECIAL CONSIDERATIONS: _____

LAB ASSESSMENT: GFR: _____ INR: _____ PLT: _____

Consulting Physician Approval/Declination

NEPHROLOGY: _____

CARDIOLOGY: _____

Vascular Assessment

	Basilic:	good	poor	comment: _____
RIGHT	Brachial:	good	poor	comment: _____
	Cephalic:	good	poor	comment: _____
	Basilic:	good	poor	comment: _____
LEFT	Brachial:	good	poor	comment: _____
	Cephalic:	good	poor	comment: _____

Insertion Vein: Basilic Cephalic Brachial Axillary Median Other

CATHETER: 3FR 4FR 5FR 6FR LUMENS: single double triple

PLACEMENT: RIGHT / LEFT # of attempts: _____ Ultrasound Lidocaine

TOTAL LENGTH: _____ cm EXTERNAL: _____ INTERNAL: _____ cm

TIP PLACEMENT CONFIRMATION: 3CG XRAY RADIOLOGIST: _____

INSERTION RELATED PROBLEMS: _____

COMPLETED BY: _____

Removal Information

DATE: _____ LENGTH: _____ cm

Successful completion of therapy _____

DVT location: _____

Suspected CLABSI tip cultured? _____

LOT #:

PT.

MR.#/P.M.

DR.



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