

**McLaren Print System Order**

Order No: 87101  
 Order Date: 2024-07-19  
 User: jacqueline silva  
 Phone: 810-342-2262

Ship Location: McLaren Flint- 3 NORTH OUTPATIENT IV- CHAD CHUNKO  
 401 South Ballenger Hwy  
 Flint, Michigan 48532

**Forms**

Quantity: 1000  
 Paragon Dept No: 22605  
 Dept Name: 3 North Outpatient IV Therapy  
 Company Number: 60

Order Total Price: 31.00

Item Number: 17433  
 Item Description: PICC midline assessment and insertion info with bar code  
 Revision Date: 1/2018  
 Print: 1 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: None  
 Poster:  
 Misc Info:

PICC/ Midline Assessment & Insertion Information

DATE OF PLACEMENT \_\_\_\_\_ TIME \_\_\_\_\_

DEVICE:  Midline  PICC  Powerglide  Poly

ORDERING PHYSICIAN \_\_\_\_\_

MEDICATION ALLERGIES: \_\_\_\_\_

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**Elect Assessment**

DIAGNOSIS: \_\_\_\_\_

INDICATION: \_\_\_\_\_

SPECIAL CONSIDERATIONS: \_\_\_\_\_

LAB ASSESSMENT: GFR \_\_\_\_\_ INR \_\_\_\_\_ PLT \_\_\_\_\_

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**Consulting Physician Approval/Declaration**

NEPHROLOGY: \_\_\_\_\_

CARDIOLOGY: \_\_\_\_\_

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**Vascular Assessment**

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

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**Insertion** Vein:  Basilio  Cephalic  Brachial  Axillary  Median  Other

CATHETER:  SFR  AFR  SFR  SFR LUMENS: single double triple

PLACEMENT: RIGHT / LEFT # of attempts: \_\_\_\_\_ Ultrasound  Lidocaine

TOTAL LENGTH: \_\_\_\_\_ cm EXTERNAL: \_\_\_\_\_ INTERNAL: \_\_\_\_\_ cm

TIP PLACEMENT CONFIRMATION: 3DG XRAY RADIOLOGIST: \_\_\_\_\_

INSERTION RELATED PROBLEMS: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

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**Removal Information**

DATE: \_\_\_\_\_ LENGTH: \_\_\_\_\_ cm

Successful completion of therapy \_\_\_\_\_

DVT location: \_\_\_\_\_

Suspected CLABSI tip cultured? \_\_\_\_\_

LOT #: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Spec Info:**