

McLAREN FLINT  
Flint, Michigan

**CONSENT FOR PERIPHERALLY INSERTED CENTRAL CATHETER (PICC)**

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

1. I, \_\_\_\_\_ hereby authorize the PICC Nurse to perform procedures necessary for placement of a peripherally inserted central catheter (PICC).
2. I understand the purpose of the PICC access device.
3. I understand the benefits of the catheter to include avoidance of repeated venipunctures, avoidance of infiltration, and decreased opportunity for vein irritation.
4. Risks associated with the procedure and dwelling of this catheter have been explained to me, and I understand they include but are not limited to the potential for infection, bleeding, phlebitis, cellulitis, clotted catheter, catheter migration, blood clot and air embolism.
5. I acknowledge that full discussion has taken place between the PICC nurse and me prior to the procedure and that by signing hereof, request that the procedure be done.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date/Time

Patient is unable to sign because: \_\_\_\_\_

\_\_\_\_\_  
Closest relative or legal guardian

\_\_\_\_\_  
Date/Time



PT.

MR.#/P.M.

DR.