

MIDLINE INSERTION NOTE TEMPLATE

ORDER DETAILS	
Date:	
Order requested by: (Provider ID)	
Written informed consent obtained: Y/N (if no – reason)	
Indication for midline placement: Antibiotics (Intravenous) Blood transfusion or Blood Products Chemotherapy Blood Draws Difficult Access IV Fluids or Hydration Multiple Incompatible Fluids Parenteral Nutrition Radiographic Study Other	
DEVICE TYPE	
Manufacturer and Device Name:	
Catheter style (Power/Non-Power):	
Device gauge:	
Number of lumens:	
Total midline length (cm):	
Midline catheter cut/trimmed? Y/N	
Device Material (i.e. endexo, silicone, etc.)	
INSERTION DETAILS	
Number of insertion attempts: 1, 2, 3+	
Ultrasound guidance used? Y/N	
Lidocaine used for insertion? Y/N	
Full drapes used? Y/N	
Arm of insertion: L/R	
Insertion location (i.e. ACF, forearm, upper arm):	
Vein of Insertion (i.e. Brachial, Basilic, Cephalic, etc.):	
Classification of Line Inserter (i.e. Vascular Access Nurse, IR, etc.):	
Catheter to vein ratio (percentage or catheter mm/vein mm):	
Midline tip confirmed? Y/N	
Location of Midline tip?	
Method of confirmation (i.e. Physical Assessment, Ultrasound, Fluoroscopy, etc.):	
Full drapes used? Y/N	
Patient tolerated procedure well? Y/N	

