

PICC INSERTION NOTE TEMPLATE

ORDER DETAILS	
Date:	
Order requested by: (Provider ID)	
Indication for PICC placement: Antibiotics (Intravenous) Blood transfusion or Blood Products Chemotherapy Blood Draws Difficult Access Medications Requiring Central Access Multiple Incompatible Fluids Parenteral Nutrition Unknown	
DEVICE TYPE	
Manufacturer and Device Name:	
Catheter Style (Power/Non-Power):	
Antimicrobial Coated: Y/N	
Anti-Thrombotic Coated: Y/N	
Line Thickness/Device gauge:	
Number of lumens:	
Total PICC length:	
INSERTION DETAILS	
Type of Insertion (New insertion/PICC exchange)	
If PICC exchange, reason for PICC exchange (ie dislodgement, malfunction, migration, etc.):	
Number of insertion attempts: 1, 2, 3+	
Did the patient experience PICC line kinking or coiling during PICC insertion? Y/N	
Arm of insertion: L/R	
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):	
PICC Tip Confirmed by (i.e. PICC Tip Detector, X-Ray, etc.):	
Documented Location of PICC Tip:	
Does the PICC need to be adjusted? Y/N	
Was the PICC Adjusted? Y/N	
Number of Adjustments:	
Patient tolerated procedure well? (Y/N)	



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