



**CENTRAL VENOUS – OUTPATIENT PICC LINE INSERTION**

Provider to check box to initiate order,  items are automatically implemented

Diagnosis: (including ICD-10 code) \_\_\_\_\_

**Pre-Procedure**

Patient Status  Outpatient

**Patient Care**

Misc Task *assure completion of the central line insertion checklist, document use in Meditech and forward checklist to Infection*

*Prevention Department*

Communication to Nurse *If unable to verify placement by Sherlock, chest x-ray must be ordered post PICC insertion.*

*Do not use PICC line until order to use has been received post x-ray.*

Communication to Nurse *When changing dressing, use Biopatch at insertion site.*

Procedure *PICC Line*

PICC Insertion Placement **(indicate reason)**

- PICC Line Reasons Poor Venous Access*
- PICC Line Reasons Home Antibiotic Therapy*
- PICC Line Reasons TPN/Other parenteral Nutrition therapy*
- PICC Line Reasons Meds Requiring Central Venous Access*
- PICC Line Reasons Chemotherapy*
- PICC Line Reasons Other (specify), Blood transfusion or blood products*
- PICC Line Reasons Other (specify):* \_\_\_\_\_

Estimated duration of therapy: \_\_\_\_\_

Education Task *Document Central Line education was provided.*

**Consults/Referrals**

Consult (Specify) *PICC Clinician for PICC insertion as ordered above.*

**Laboratory**

- CBC, weekly*
- SED rate, weekly*
- C-Reactive protein, weekly*
- ESR, weekly*
- Basic Metabolic (includes BUN & Creatinine), weekly*
- Vanco Trough if on Vancomycin, weekly*

**Post Placement**

**Radiology**

*CHEST 1 V STAT, T; N, ONCE, PICC line placement, if unable to verify by Sherlock.*

Other Orders: \_\_\_\_\_

**Fax order, demographics, prior authorization, and last encounter note\*\* to OMH Surgery Scheduler at 989-731-7732 and to the following if needed:**

- Infusion Clinic **989-731-7748** (if patient going to infusion clinic)       AIC North Infusion **989-731-0707** (if patient is doing infusion at home)
- Home Health Agency (if patient is doing infusion at home), FAX: \_\_\_\_\_

**\*\*Note: if no recent encounter note, need to send allergies, med list, vitals**

INSERT PATIENT ID LABEL OR ENTER PATIENT'S FULL NAME AND DATE OF BIRTH BELOW

\_\_\_\_\_  
PATIENT'S FIRST AND LAST NAME

\_\_\_\_\_  
PATIENT'S DATE OF BIRTH

The provider's full signature, date & time is to follow the order – Abbreviations for names are not acceptable			
PROVIDER SIGNATURE	<input type="checkbox"/> TORB <input type="checkbox"/> VORB	DATE	TIME
RN	TIME	UNIT CLERK	TIME