

Patient Name: _____

Date of birth: _____

OHIP #: _____

Phone number: _____

PICC Clinic Referral Form

Allergies: _____

Referral for: PICC Line Insertion Has the patient had a PICC line before? Yes No

Does the patient require a mechanical lift? Yes No Bariatric

Precautions? MRSA VRE Other: _____

PICC Line Insertion: Please check indication

- | | |
|---|--|
| <input type="checkbox"/> Administration of irritable/vesicant medications | <input type="checkbox"/> Poor peripheral venous access |
| <input type="checkbox"/> Critically ill requiring multi-lumen access | <input type="checkbox"/> TPN |
| <input type="checkbox"/> Long term infusion therapy greater than 1 week | <input type="checkbox"/> Frequent venous access for infusion or blood products |
| <input type="checkbox"/> Chemotherapy: Location of primary cancer: _____ | |
| <input type="checkbox"/> Other: _____ | |

Pertinent Medical History- Does the patient have any of the following?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Atrial Fibrillation | <input type="checkbox"/> Arrhythmias (please list): _____ | |
| <input type="checkbox"/> Difficulty lying flat | <input type="checkbox"/> Arthritis (shoulders/arms) | <input type="checkbox"/> Prior injury/surgery in arm: <input type="radio"/> Left <input type="radio"/> Right | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Mastectomy: <input type="radio"/> Left <input type="radio"/> Right | <input type="checkbox"/> Lymph node removal | <input type="checkbox"/> Prior radiation (chest) | <input type="checkbox"/> Receives Dialysis |
| <input type="checkbox"/> Thrombocytopenia | | | |

CBC within 7 days of PICC procedure is required if the patient has known thrombocytopenia or is on active chemotherapy.

Is the patient on any anticoagulants?

- | | | | |
|---------------------------------------|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Apixaban | <input type="checkbox"/> ASA | <input type="checkbox"/> Clopidogrel | <input type="checkbox"/> Rivaroxaban |
| <input type="checkbox"/> Fondaparinux | <input type="checkbox"/> Heparin | <input type="checkbox"/> Enoxaparin | <input type="checkbox"/> Coumadin/Warfarin |
| <input type="checkbox"/> Tinzaparin | <input type="checkbox"/> Dalteparin | <input type="checkbox"/> Edoxaban | <input type="checkbox"/> Other: _____ |

INR within 7 days of PICC procedure is required if the patient is currently on any anticoagulant

For patients on Prophylactic Anticoagulation:

- Do not hold anticoagulation for VTE prophylaxis
- Do not hold acetylsalicylic acid (ASA) or clopidogrel (Plavix) or other antiplatelet

Benefits and Risks:

The referring practitioner must review page 2 of this referral form (Risks and Benefits) with the patient. Page 2 of the referral form must be signed by the patient prior to submitting the referral.

Note: LHIN Home and Community Care referral for PICC line care & maintenance will be made under the direction of the MRP ordering the PICC.

Contraindications:

- Incomplete referral form sent in (e.g. page 2 not signed by the patient).
- INRs that are not within acceptable limits for insertion in the PICC Clinic (greater than 2.0)
- Platelets that are not within acceptable limits for insertion in the PICC Clinic (less than 40 for those with known thrombocytopenia or on active chemotherapy)
- Patients that may not be compliant (i.e. Delirium)
- Inability of the patient to maintain the positioning required for the PICC insertion.



Please add Patient Sticker, or fill in below

Patient Name: _____

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Peripherally Inserted Central Catheters (PICC): Benefits and Risk Information Sheet

A Peripherally Inserted Central Catheter (PICC) is a long, thin flexible tube that is inserted into a vein in the upper arm. It is a form of an intravenous access. It is considered to be a central line because the tip of the PICC ends in a large vein in your chest. This large vein is called the superior vena cava (SVC). This location allows for medications and fluids to be quickly distributed throughout the body. The PICC is inserted using a sterile technique by a specially trained nurse or physician.

A PICC may be inserted for a variety of reasons such as:

- Administrations of medications that that can be irritable to a normal vein
- Medium or longer term Antibiotics
- To take or give frequent blood and blood products
- Chemotherapy
- Continuous infusions
- Prolonged infusion therapy
- If there is difficulty placing a peripheral intravenous catheter
- Total parenteral nutrition (TPN), a form of liquid nutrition

If taken care of properly, a PICC can remain in place for several months. A PICC can also allow a person to go home from the hospital early.

What Problems can happen with a PICC?

- A blood clot (thrombus) can form at the tip of the PICC which may cause it to clog resulting in a Deep Vein Thrombosis (DVT)
- Inflammation of the vein (phlebitis) where the PICC is placed
- Infection in the PICC or at the site of insertion. Signs and symptoms of infection may include fever, chills, redness, swelling or drainage from the PICC insertion site (1-2% risk)
- Small risk of heart valves infection (<1%)
- PICC movement (malposition). The PICC tip may move from its original position
- Localized bleeding or bruising of the arm when the PICC is inserted

I have read the benefits and risk of having a PICC line inserted and have been given the opportunity to have my questions in regards to this PICC line answered by my physician/nurse practitioner.

I consent to this treatment.

Print Name: _____

Signature: _____ Date: _____

