

**Referral – Peripherally Inserted Central Catheter (PICC)**

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

Patient Name: \_\_\_\_\_

MRP Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

OHIP Number \_\_\_\_\_

Allergies: \_\_\_\_\_

Mobility Aids Required?  Yes  No Details: \_\_\_\_\_  Bariatric

Precautions?  MRSA  VRE  Other (specify) \_\_\_\_\_

**PICC Line Removal**

**PICC Line Insertion:** Please check indication

- |   |  |
|---|--|
| <input type="checkbox"/> Long Term Treatment greater than 1 week                        | <input type="checkbox"/> Short Life Expectancy |
| <input type="checkbox"/> Poor peripheral venous access                                  | <input type="checkbox"/> Chemotherapy          |
| <input type="checkbox"/> Critically ill requiring multi-lumen access                    | <input type="checkbox"/> Narcotic Pump         |
| <input type="checkbox"/> Prolonged Antibiotic Therapy greater than 1 week               |  |
| <input type="checkbox"/> Requires frequent venous access for infusion or blood products |  |
| <input type="checkbox"/> Other _____  |  |

Brief Medical History: \_\_\_\_\_

Anticoagulants: \_\_\_\_\_

INR within 7 days of procedure if patient is currently on Warfarin (Coumadin)

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:**

Peripherally Inserted Central Catheter (PICC): Benefits and risks must be discussed with the patient. The form must be signed by the patient and faxed along with this referral form.

**LHIN Home and Community Care**

Referral for PICC line care & maintenance will be made under the direction of the MRP ordering the PICC

**Contraindications:**

- No order received for placement of a PICC
- Blood work such as platelets, neutrophils and INRs that are not within the acceptable limits for insertion of a PICC (7 days)
- Patients that may not be compliant (eg. Delirium)

**FAX THIS FORM TO**  
**Sarnia Site: 519-464-4509**  
**CEEH Site: 519-882-3881**

