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|---------------------|-------|
| Patient Information | |
| NAME: | _____ |
| DOB: | _____ |
| HCN: | _____ |

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|---|--|
| Allergies: | |
| PICC Line Community Care Order Set | |
| Fill in the required blanks. Open Box <input type="checkbox"/> indicates optional order, activated when checked <input checked="" type="checkbox"/> . Checked box <input checked="" type="checkbox"/> indicates mandatory order unless crossed out. Signature, date and time is REQUIRED. | |
| PICC Line Specifications *TO BE COMPLETED BY NURSE INSERTER | |
| Gauge: <input type="checkbox"/> 4FR <input type="checkbox"/> 5FR <input type="checkbox"/> Other (ex. Midline): _____ <input type="checkbox"/> Single Lumen <input type="checkbox"/> Double Lumen <input type="checkbox"/> Triple lumen <input type="checkbox"/> Total Line Measurement: _____ cm <input type="checkbox"/> External Length Measurement: _____ cm <input type="checkbox"/> Securement Device: <input type="checkbox"/> SecurAcath <input type="checkbox"/> StatLoK <input type="checkbox"/> Tip Placement Verification: <input type="checkbox"/> 3CG <input type="checkbox"/> Xray (include imaging report) <input type="checkbox"/> If 3CG used, PICC line released for use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Signature releasing line for use: _____ <input checked="" type="checkbox"/> Discharge patient once PICC insertion attempted/completed | |
| PICC Line Maintenance *TO BE COMPLETED AT TIME OF REFERRAL BY REFERRING PHYSICIAN | |
| <input checked="" type="checkbox"/> Flush PICC with 10 mL per lumen of 0.9% Sodium Chloride (NS) using push-pause flush method: <input checked="" type="checkbox"/> Prior to accessing before use <input checked="" type="checkbox"/> De-accessing after use; and <input checked="" type="checkbox"/> Routinely every 7 days. <input checked="" type="checkbox"/> Assess insertion site for signs of infection prior to accessing PICC line (redness, discharge, etc.) <input checked="" type="checkbox"/> Flush each lumen with 20 mL 0.9% normal saline weekly when not in use | |
| Dressing Change and Site Care | |
| <input type="checkbox"/> Dressing change with antimicrobial impregnated tegaderm 24 hours post PICC insertion; OR <input type="checkbox"/> Sensitive Skin Protocol: cleanse with providine solution, and utilize alternate film dressing; THEN <input checked="" type="checkbox"/> Every 7 days with antimicrobial impregnated tegaderm dressing (or sensitive skin protocol as needed) and injection caps; AND <input type="checkbox"/> StatLoK present, securement device to be changed every 7 days <input type="checkbox"/> SecurAcath present, do not change securement device. Only to be removed when PICC is removed <input checked="" type="checkbox"/> Change PICC dressing more often if integrity of dressing is compromised <input checked="" type="checkbox"/> Use aseptic technique or aseptic no-touch technique for dressing and sterile securement device applications <input checked="" type="checkbox"/> Assess insertion site for signs of infection prior to accessing PICC line | |
| Georgian Bay General Hospital PICC Team Monday-Friday 0800-1600 (705) 526-1300 ext. 5334 | |

| | | | |
|---------------------|------------------|-------------|-------------|
| Practitioner: _____ | Signature: _____ | Date: _____ | Time: _____ |
| Nurse: _____ | Signature: _____ | Date: _____ | Time: _____ |



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NAME: _____

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Practitioner: _____ Signature: _____ Date: _____ Time: _____

Nurse: _____ Signature: _____ Date: _____ Time: _____