

Patient Name		HcRN:	Today's Date
Urgency	<input type="checkbox"/> < 7 Days <input type="checkbox"/> <3 Days <input type="checkbox"/> <24hours <input type="checkbox"/> <ASAP		
PATIENT HISTORY & DIAGNOSIS			
Reason for Central venous access:			
<input type="checkbox"/> ATB <input type="checkbox"/> TPN <input type="checkbox"/> other medication <input type="checkbox"/> Blood sampling <input type="checkbox"/> Haemofiltration / hemodialysis <input type="checkbox"/> Other			
Expected length of therapy and recommended lines:			
<input type="checkbox"/> < 2 Weeks <input type="checkbox"/> < 6 Weeks <input type="checkbox"/> > 6 Weeks <input type="checkbox"/> At least: <input type="checkbox"/> Weeks <input type="checkbox"/> Central line/midline/PICC <input type="checkbox"/> PICC line <input type="checkbox"/> Broviac <input type="checkbox"/> Vascath / Permcath			
Preferred number of lumens:			
<input type="checkbox"/> 1 lumen <input type="checkbox"/> 2 lumens <input type="checkbox"/> 3 lumens Please note, that more lumens means more complications, so try to keep it at minimum required. (For blood samples there is no need for dedicated lumen. Blood can be taken during changing the TPN infusions)			
Previous central venous access:			
<input type="checkbox"/> Yes < 2 weeks ago <input type="checkbox"/> Yes > 2 weeks ago <input type="checkbox"/> No, never			
Coagulation tests, Platelets count normal:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not checked Date:			
Active infection: <input type="checkbox"/> Yes <input type="checkbox"/> No Isolation: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Details:</i>			
History of venous thrombosis: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, please give details:</i>			
Doppler checked: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Results:</i>			
Fasting status (if GA required):			
Last solid food:			
Last clear drink:			
Line approved by Consultant Anaesthetist / Consultant Surgeon:			
<i>Name of the consultant & a type of the line approved:</i>			
Contact Consultant Surgeon, if line needed >6 weeks			
Contact Consultant Anaesthetist / Intensivist if line needed <6 weeks			
Ordering Consultant is taking responsibility for the management of Central Vascular device			
Ordering Consultant (Printed name):		Ordering Consultant (Signature):	

Requirements

- Contact PICC CNSp service 8481 to refer patient
- CVAD request form
- Hospital consent to PICC insertion with / without sedation.
- Sedation charted, if required.
- Follow 'Sedation Guidelines' for all areas outside Emergency Department / PICU1 & PICU2
- Analgesia charted?
 - Clonidine
 - Oromorph
- Lidocaine 1% 0.5mls charted administered subcutaneously
- Ametop to chosen site
- Sedation checklist completed

******Sedation requires fasting – please follow guidelines ******

Should you have any enquiries, please contact Eileen O'Loughlin – PICC CNSp – Bleep 8481

Issue Date: October 2021 / Review Date: October 2024
Developed by Eileen O'Loughlin – PICC CNSp