Children's Health Ireland at Crumlin

Patient Referral for PICC / Midline

(not OPAT)

Full Name: ....
Address:
..... Addressograph .....
HCR .....
.....

Today's Date		HcRN No:	
Patient Name		Patient Weight:	kgs

DIAGNOSIS

MEDICAL HISTORY

ALLERGIES

REASON FOR PICC / MIDLINE

Date of Insertion:	*PICC Type:*	*PICC Size:*
Insertion Site:		*Securement Device*

Please perform the following	*(please tick)*
Weekly Dressing	
Needle Free Device Change	
Blood Tests	

Comments

Copy sent to: GP ☐ PHN ☐ HCR ☐ Local Centre ☐