

# Infusion

## PICC Line Care



### PATIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### PROVIDER INFORMATION

Referring provider: \_\_\_\_\_ Date of Referral: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### INSURANCE

The following information is required to obtain insurance authorization. Information not provided will cause a delay in treatment.  Patient is uninsured.

1. Copy of current insurance card.
2. Copy of demographics sheet
3. Copy of most recent OV note and labs

### PRIMARY DIAGNOSIS

Provide ICD-10 code and description: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Allergies: \_\_\_\_\_

Is the patient ambulatory?  Yes  No Does the patient require bariatric equipment?  Yes  No

### ORDERS

- PICC Line care per Salem Health CVAD Access Policy. (*Lippincott*)
- Alteplase per Salem Health Central Venous Access Device declotting (*Lippincott*) for S/sx of occlusion: Inability to infuse fluids, no blood return, increased resistance when flushing, increased occlusion/high-pressure alarm when using an infusion pump, sluggish gravity flow.
- 1 View Chest X-ray to verify PICC tip location PRN for: Catheter migration greater than 5 cm, signs and symptoms of tip malposition (*occlusion unresolved by Alteplase, discomfort in the arm, neck or chest, unusual sensations or sounds when flushing, neck vein engorgement, or heart palpitations.*) Notify Physician or Provider.

Other: \_\_\_\_\_

Provider Signature

Provider Printed Name

Date: