



FAX: 847-410-8110

Facility: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_

## Vascular Access Service Order Checklist:

- Fax paperwork 847-410-8110
  - Signed *VASCULAR ACCESS ORDER*
  - EMR Order
  - Signed *VASCULAR ACCESS DEVICE INSERTION AND INFORMED NURSING CONSENT AND AGREEMENT FOR TREATMENT*
  - Facesheet
  - Nephrology Consent (If patient is being followed by Nephology)
- Call order to: 847-564-3139
- Prepare for All-Stat PICC Line Nurse to review patient history.



# VASCULAR ACCESS ORDER

## PATIENT INFORMATION

PATIENT \_\_\_\_\_ DOB \_\_\_\_\_  
FACILITY \_\_\_\_\_ ROOM \_\_\_\_\_  
GENDER  MALE  FEMALE SS# \_\_\_\_\_ INSURANCE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME \_\_\_\_\_ MOBILE \_\_\_\_\_ WORK \_\_\_\_\_

## VASCULAR ACCESS SERVICE ORDER

- (PICC) PERIFERRALY INSERTED CENTRAL CATHETER – DURATION OF  $\geq$ 15 DAYS.  
 SINGLE LUMEN POWER PICC  DOUBLE LUMEN POWER PICC
- MIDLINE CATHETER (DURATION OF 6-14 DAYS)
- (PIV) PERIFERAL INTRAVENOUS CATHETER
- CENTRAL LINE DECLOTTING
- REMOVAL OF LINES
- X-RAY OF CHEST AND HUMOROUS TO VERIFY PLACEMENT (WILL COORDINATE WITH X-RAY PROVIDER)

## MEDICATION AND DURATION

MEDICATION BEING ADMINISTERED VIA VASCULAR ACCESS DEVICE : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
DURATION OF VASCULAR ACCESS: \_\_\_\_\_ DAYS  
NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERRING PHYSICIAN

\_\_\_\_\_  
PHYSICIAN NAME NPI  
\_\_\_\_\_  
PHYSICIAN SIGNATURE DATE



## VASCULAR ACCESS DEVICE INSERTION AND INFORMED NURSING CONSENT AND AGREEMENT FOR TREATMENT

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1. I agree to have a  Peripherally Inserted Central Catheter (PICC)  Midline  Peripheral Intravenous Catheter (PIV) placed in my arm.
2. The catheter insertion procedure, care, maintenance, and complications have been explained to me and I understand them.
3. I understand that this is not the only way I can receive my medication. I understand that my health care team has determined that the vascular access device would be the safest and most effective means of giving my medication at this time. Alternative vascular access device options for giving my medication have been explained and I have chosen this one.
4. I realize this procedure will be performed only by a nurse who has been specially trained and certified to insert the vascular access device.
5. My catheter will be inserted by \_\_\_\_\_, or similarly trained nurse.
6. I realize that this is an invasive procedure and there are certain risks associated with the procedure such as catheter or air embolism, arterial puncture, infection, irregular heartbeat, and venous thrombosis.
7. I understand for a PICC Line the catheter will be placed in my upper arm, the end will come to rest in an area near my heart.
8. I understand for a Midline the catheter will be placed in my arm, the end will come to rest in an area near my shoulder.
9. I have the right to voice any questions I may have about this procedure and I expect knowledgeable answers.
10. I also understand that the Facility \_\_\_\_\_ has specific policies relating to the care which will be given to me and include provisions for termination of this line at my request, the request of a physician, and/or the decision of the clinician caring for my line. I agree to abide by the terms of these policies in all respects.

### SIGNATURES

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\_\_\_\_\_  
PATIENT SIGNATURE OR LEGALLY AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME

\_\_\_\_\_  
RELATIONSHIP OF REPRESENTATIVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME