



attach patient label here

Physician Orders ADULT

Order Set: PICC Line Insertion Protocol Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s):		_____
<input type="checkbox"/> Latex allergy		<input type="checkbox"/> Other: _____
Criteria for use: request for PICC nurse to place a PICC line.		
Patient Care		
<input type="checkbox"/> PICC Line Insertion Protocol Orders		
<input type="checkbox"/>	PICC Line Care	T;N, Wednesday, Change dressing every Wednesday and PRN if dressing becomes loose, soiled, or moist.
<input type="checkbox"/>	Heat Apply	T;N, PRN Apply to Line Site, Place heat to PICC Line insertion site 3-4 times daily if site becomes red, tender, or swollen.
<input type="checkbox"/>	Measure Circumference	T;N, Qday, Of: Arm, Measure PICC arm circumference midway between elbow and axilla Qday for first 3 days after insertion.
<input type="checkbox"/>	No BP or Venipunctures	T;N in PICC Line arm. Place sign above patient's bed
<input type="checkbox"/>	Instruct/Educate	T;N, Instruct patient, Topic:PICC Catheter/Line risks and benefits
Nursing Communication		
<input type="checkbox"/>	Nursing Communication	T;N, Label front of chart "PICC in _____ arm to alert other departments."
<input type="checkbox"/>	Nursing Communication	T;N PICC Nurse must confirm placement of PICC prior to use.
<input type="checkbox"/>	Nursing Communication	T;N, change all tubing prior to using the PICC Line for the first time.
Medications		
<input type="checkbox"/>	Sodium Chloride 0.9% Flush	10 ml, Injection, IV Push, q8h, Routine, T;N, (PICC/CVL per lumen)
<input type="checkbox"/>	Sodium Chloride 0.9% Flush	20 ml, Injection, IV Push, prn, PRN, Other, specify in Comment, Comment: Use for blood administration and line draws. Routine, T;N, (PICC/CVL per lumen)
<input type="checkbox"/>	Lidocaine (lidocaine 1% inj)	3ml, Injection, Infiltration, once Routine, T;N
Diagnostic		
<input type="checkbox"/>	Chest 1VW Frontal	T;N, Reason for Exam: Line Placement, STAT, Portable, Comment: to be done upon completion of PICC Line Insertion to confirm PICC Line Placement
Consults/Notifications		
<input type="checkbox"/>	Notify Physician-Once	T;N, Call nephrologist prior to PICC line placement if end stage renal disease or if there is a nephrologist consulted on the case
<input type="checkbox"/>	Notify Physician-Continuing	T;N, Notify: PICC Line ordering MD, for PICC site redness, tenderness, edema above site, excessive bleeding at exit site, chest, neck, or ear pain, numbness or tingling of affected arm or hand.

Date **Time** **Physician's Signature** **MD Number**

