**Physician Orders**

**LEB PICC Line Insertion Plan**

**PEDIATRIC**

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

<table>
<thead>
<tr>
<th>Height: ________ cm</th>
<th>Weight: ________ kg</th>
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**Allergies:**

[ ] No known allergies

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**Food/Nutrition**

[ ] NPO

Start at: T;N, Comment: Prior to scheduled insertion

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**Patient Care**

[ ] Consent Signed For

T;N, Procedure: PICC Line Insertion with Sedation

[ ] Consent Signed For

T;N, Procedure: PICC Line Insertion

[ ] PICC Line Reason for Insert

T;N, Reason: ______________________________________

[ ] PICC Line May Be Used For

T;N, Use For: ______________________________________

[ ] PICC Line Care

T;N, Routine, per policy

[ ] PICC Line Care

T;N, Routine, heparinize per policy

[ ] No BP or Venipunctures

T;N, In PICC Line arm. Place sign above patient's bed.

[ ] Instruct/Educate

T;N, Instruct: Patient and Family, Topic: PICC Line use and care at home

[ ] Nursing Communication

T;N, Following PICC Line insertion, obtain STAT portable CXR to confirm line placement.

[ ] Nursing Communication

T;N, MD must confirm placement of PICC Line prior to use

[ ] Nursing Communication

T;N, Notify PICC Nurse for PICC site redness, tenderness, edema above site, excessive or continued bleeding at exit site.

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**Medications**

[ ] Heparin 10 unit/mL flush

5 mL, (10 units/mL), Ped Injectable, IVPush, prn, PRN Catheter clearance, routine, T;N, peripheral or central line per nursing policy

[ ] Heparin 10 unit/mL flush

5 mL, (100 units/mL), Ped Injectable, IVPush, prn, PRN Catheter clearance, routine, T;N, peripheral or central line per nursing policy

[ ] lidocaine topical 4% cream

1 application, Cream, TOP, once, routine, T;N, apply _____ minutes prior to procedure

[ ] midazolam

_______ mg, (0.25 mg/kg), Syrup, PO, once, Routine, T;N, To be given to patients greater than 14 years of age only for anxiolysis. Max dose = 20 mg

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**Consults/Notifications**

[ ] Notify Resident-Continuing

T;N, Neck or ear pain, numbness or tingling of affected arm or hand.

[ ] Consult MD Group


[ ] Consult MD Group

T;N, Who: ___________________________, Infectious Disease

[ ] Consult PICC Nurse

T;N, Reason for Consult: Insert PICC Line

[ ] Medical Social Work Consult

T;N, Reason: Other, specify, PICC Line use at home

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

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*42206 PP CROSS PICC Line Insertion-QM-0209*