



Physician Orders

LEB PICC Line Insertion Plan

PEDIATRIC

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

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
Food/Nutrition		
<input type="checkbox"/>	NPO	Start at: T;N, Comment: Prior to scheduled insertion
Patient Care		
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: PICC Line Insertion with Sedation
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: PICC Line Insertion
<input type="checkbox"/>	PICC Line Reason for Insert	T;N, Reason: _____
<input type="checkbox"/>	PICC Line May Be Used For	T;N, Use For: _____
<input type="checkbox"/>	PICC Line Care	T;N, Routine, per policy
<input type="checkbox"/>	PICC Line Care	T;N, Routine, heparinize per policy
<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 and Family, Topic: PICC Line use and care at home
<input type="checkbox"/>	Nursing Communication	T;N, Following PICC Line insertion, obtain STAT portable CXR to confirm line placement.
<input type="checkbox"/>	Nursing Communication	T;N, MD must confirm placement of PICC Line prior to use
<input type="checkbox"/>	Nursing Communication	T;N, Notify PICC Nurse for PICC site redness, tenderness, edema above site, excessive or continued bleeding at exit site.
Medications		
<input type="checkbox"/>	Heparin 10 unit/mL flush	5 mL, (10units/mL),Ped Injectable, IVPush, prn, PRN Catheter clearance, routine,T;N, peripheral or central line per nursing policy
<input type="checkbox"/>	Heparin 10 unit/mL flush	5 mL, (100units/mL),Ped Injectable, IVPush, prn, PRN Catheter clearance, routine,T;N, peripheral or central line per nursing policy
<input type="checkbox"/>	lidocaine topical 4% cream	1 application, Cream, TOP, once, routine, T;N, apply _____ minutes prior to procedure
<input type="checkbox"/>	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
Consults/Notifications		
<input type="checkbox"/>	Notify Resident-Continuing	T;N, Neck or ear pain, numbness or tingling of affected arm or hand.
<input type="checkbox"/>	Consult MD Group	T;N, Who: _____ Reason: sedation in Starlight Room, Anesthesia
<input type="checkbox"/>	Consult MD Group	T;N, Who: _____, Infectious Disease
<input type="checkbox"/>	Consult PICC Nurse	T;N, Reason for Consult: Insert PICC Line
<input type="checkbox"/>	Medical Social Work Consult	T;N, Reason: Other, specify, PICC Line use at home

Date Time Physician's Signature MD Number

