Peripherally Inserted Central Catheter  [30400530]

Height_____________________
Weight_____________________ 
Allergies___________________

General

PICC Flush

[] Type of Catheter: Valved PICC

[] Insert PICC line (Valved PICC)  Routine, Continuous, Starting today
Type of PICC line: ___________________(Required)

[] sodium chloride 0.9 % (NS) flush syringe  10 mL, IntraVENous, Every 8 hours
0.9% Sodium Chloride (Normal Saline) flush 10 ml every 8 hours and PRN after intermittent use
Routine

[] sodium chloride 0.9 % (NS) flush syringe  5 mL, IntraVENous, As needed, line care, PRIOR to blood draw
per site specific nursing policy, Routine

[] sodium chloride 0.9 % (NS) flush syringe  20 mL, IntraVENous, As needed, line care, after blood draw and
anytime after TPN has been infused, Routine

[] Type of Catheter: Open Ended Catheter

[] Insert PICC line (Type of Catheter: Open Ended Catheter)  Routine, Continuous, Starting today
Type of PICC line: ___________________(Required)

[] heparin (porcine) syringe 100 units/mL  100 Units, IntraVENous, Every 8 hours
Heparin (100 units/ml) flush 2.5 ml every 8 hours or PRN after intermittent use
Routine

[] sodium chloride 0.9 % (NS) flush syringe  5 mL, IntraVENous, Every 8 hours, Routine

[] sodium chloride 0.9 % (NS) flush syringe  20 mL, IntraVENous, As needed, line care, after blood draw and
anytime after TPN has been infused.
Follow with Heparin flush when catheter not in use.
Routine

Post Placement Care

[X] Catheter care  Routine, Until discontinued, Starting today, Catheter Care

1) If patient arrived with PICC line, continue with Post Placement care.
2) After proper catheter tip placement is documented, the PICC line may be used for IV’s and drawing of blood samples. (Proper catheter tip placement is in the superior vena cava.)
3) Replace all IV tubing with new tubing for new PICC then change per tubing change protocol.
4) If excessive bleeding occurs from dermatomy for catheter placement, may apply Gelfoam, Surgifoam, or equivalent to aid in coagulation.
5) If irritation occurs in upper arm, apply warm moist packs or K-pad for 20-30 minutes every 1-2 hours PRN times 48 hours and notify physician.
6) The trained licensed staff will manage PICC line dressing changes per site specific nursing policy
7) The trained RN will discontinue PICC line once provider order has been placed. (If unable to remove, notify Provider.)

PROVIDER INITIALS: ____________
**Physician Orders**

**Peripherally Inserted Central Catheter (PICC)**

### PATIENT INFORMATION

**Apply heat/cold**
- Routine, As needed, Starting today
- Type: Heating pad
- If irritation occurs in upper arm, apply warm moist packs or K-pad for 20-30 minutes every 1-2 hours PRN times 48 hours and notify physician. Use only if patient is alert and oriented.

### Declotting of PICC Line

**PICC care**
- Routine, Until discontinued, Starting today, Declotting of PICC Line

### Discharge Education

**If patient is discharged with a PICC, instruct patient on flushing catheter once a day and PRN with the appropriate solution**
- Routine, Once, Starting today

### Diagnostics

**X-ray chest AP portable**
- STAT, 1 time imaging, Starting today For 1 Chest X-Ray Stat to include upper arm used for insertion of PICC Use: _______________ (Required)

**May repeat Chest X-Ray as needed after PICC repositioning done**
- Routine, Until discontinued, Starting today, Clinician will need to order additional Chest X-Rays as needed.

### Medication

**Lidocaine (XYLOCAINE) 1 % local injection**
- 0.1-5 mL, SubCutaneous, Once, For 1 Doses, Routine

**alteplase (ACTIVASE) injection 2 mg**
- 2 mg, IntraVENous, As needed, line care, for catheter clearance Follow catheter clearance protocol. DO NOT SHAKE. IV Therapy or Resource Nurse to contact pharmacy if dose is needed. Routine

**Date:** _______ **Time:** _______ **Printed Name of Ordering Provider:** ____________________________

**Provider Signature:** ____________________________

**Date:** _______ **Time:** _______ **RN Acknowledged:** ____________________________

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**PROVIDER INITIALS:** __________

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**Page 2 of 2**

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