VASCULAR ACCESS CONSULTATION

0117

Bar Coded Patient Label

ASSESSMENT

Diagnosis: _____ **Allergies:** _____

Age: _____ **Current Therapy:** _____ **Called (date/time):** _____

Indication: ☐ Long term antibiotics ☐ Nutrition ☐ Poor Access ☐ Multiple Reasons ☐ Chemo

Previous History: ☐ Vascular Access Device _____ ☐ Pacemaker

☐ Cardio/Thoracic Surgery _____

☐ Mastectomy: Left Right ☐ Other _____

☐ Written Order ☐ Consent Obtained ☐ Education provided to patient/family

Labs: ☐ Labs reviewed ☐ WNL ☐ Bleeding possible ☐ Labs discussed with physician

Platelets _____ PT _____ INR _____ APTT _____ Creatinine _____ Hgb _____ HCT _____

Blood Cultures: _____

Recommendations: ☐ Peripheral IV ☐ Midline ☐ Peripherally inserted central catheter ☐ Other _____

Comments: _____

Signature _____ Date _____ Time (24 hr) _____

☐ **No attempt at line placement** - referred to radiology: (date/time): _____

PLACEMENT

☐ Exchange done: By: ☐ introducer ☐ MST Procedure

Measurements: Arm circumference: _____ cm. Catheter length needed: _____ cm.

External catheter length: _____ cm. Catheter lot #: _____

MST lot #: _____

Procedure: date/time _____ **Number of attempts:** to access _____ to thread_____

☐ Placed without difficulty ☐ Placed - difficulty accessing ☐ Placed - difficulty threading ☐ MST used ☐ Site Rite Used

☐ **Unable to place** ☐ **Referred to Radiology: date/time:** _____

Catheter placed: ☐ 5 Fr. DL PICC ☐ 5 Fr. SL PICC ☐ 4 Fr. SL PICC ☐ 5 Fr. Midline ☐ 4 Fr. Midline

Arm used: ☐ Right ☐ Left **Vein used:** ☐ Basilic ☐ Median cubital ☐ Cephalic

Blood return: ☐ Yes ☐ No ☐ Yes, both lumens

Flushes easily: ☐ Yes ☐ No ☐ Yes, both lumens Comments: _____

_____

Signature _____ Date _____ Time (24 hr) _____

* NOTE: (5 Fr = 16 gauge 4 Fr = 18 gauge)

CONFIRMATION

Xray placement: *(PICC only)* ☐ Superior vena cava (SVC) ☐ SVC/Right Atrial Junction

(if tip is in the SVC or SVC/RA junction, the line may be used.)

Xray read by Dr. _____ ☐ Other: _____

Adjustment made: ☐ Yes ☐ No Adjustment made by: _____

Comments: _____

_____

_____External catheter length: _____cm

Signature _____ Date _____ Time (24 hr.) _____