

Patient Name:  
 DoB:  
 ID No:  
 NHS:

**PICC INSERTION RECORD**

Procedure Date:	Time:	Operator:
Patient Location:	Reason for PICC:	
Consent Obtained: Yes/Unable	Action if unable:	
Verbal:	Written:	

Procedure explained:	Line Used:
Allergies:	<b>POWER INJECTABLE:</b> Yes/No Maximum-5mls/Sec

Relevant Blood Results:	Micro-Introducer used: Yes/No
MRSA Status/ICP actions:	Ultrasound used: Yes/No
Local Anaesthetic used – Lidocaine 1% 2mg: Yes / No :	Line Aspirated with blood: Yes/No
Sign.....	Line Flushed with:

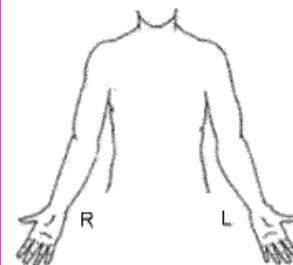
**This PICC was placed with Sherlock 3ECG technology YES/NO.**

REASON UNABLE TO PLACE WITH 3CG:

.....

Sherlock Used to place into SVC YES/NO

Will patient require a chest x-ray to confirm tip location before use. YES/NO



Vein Accessed:	.....
Insertion Length:	.....
External Measurement:	.....
Guide Wire Removed:	<input type="checkbox"/>
Asepsis Maintained:	<input type="checkbox"/>
Chlorhexidine Skin Prep used:	<input type="checkbox"/>

Chest X-ray required: Yes/No (if yes see below) OR Team to order CXR and review YES/NO

**DO NOT USE PICC UNTIL TIP PLACEMENT VERIFIED AND DOCUMENTED BELOW.**

Chest X-ray R/V – TIP location.....Line Pulled Back.....

Documentation.....

.....Sign.....

Please remove the gauze dressing after 24 hours and apply a single large IV3000 or Tegaderm IV CVC dressing. Do not reapply any gauze.

COMMENTS:

Operator Name:.....

Signature:.....