Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(DD/MM/YYYY)

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OHIP Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MRP Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MRP Phone #:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobility Aids Required? □Yes □ No Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Precautions? □ MRSA □ VRE □Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for PICC Line:

□ Long Term Treatment greater than 1 week □ Poor peripheral venous access

□ Short life expectancy □ Critically ill requiring multi-lumen access

□ Chemotherapy □ Prolonged Antibiotic Therapy greater than 1 week

□ Narcotic Pump □ Requires frequent venous access for infusion or

□ Other (Specify below) blood products

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical History:

* Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Anticoagulants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🗹 INR within 7 days of procedure if patient is currently on Warfarin (Coumadin)

For patients on Prophylactic Anticoagulation

🗹 Do not hold anticoagulation for VTE prophylaxis

🗹 Do not hold acetylsalicylic acid (ASA) or clopidogrel (Plavix) or other antiplatelets

Consent:

□ Informed consent MUST be obtained by the MRP for outpatient insertion of PICC

Contraindications:

* No order received for placement of a PICC
* No signed, informed consent form for the insertion of a PICC line
* Blood work such as platelets, neutrophils and INRs that are not within the acceptable limits for insertion of a PICC (7 days)
* Patients that may not be compliant (eg. Delirium)

Fax Checklist:

□ This Referral Form

□ Informed Consent Form must be signed by MRP and the patient

**FAX THIS FORM TO 519-464-4509**