


Allergies: <u>See Allergy Sheet</u> _____	<b>ACTION</b>
<h2 style="margin: 0;">Peripherally Inserted Central Catheter (PICC) Outpatient Medical Directive Order Set</h2>	
<p><b># MD.MED. 10</b></p> <p><b>Indications:</b></p> <ul style="list-style-type: none"> <li>• Outpatient registered under MRP with referral for PICC placement</li> <li>• The PICC patient information sheet has been provided to the patient by the referring provider to be signed and brought to the PICC team the day of the procedure</li> </ul>	
<b>Procedure</b>	
<input checked="" type="checkbox"/> Insert PICC per written BWH policy and procedure using Sherlock 3CG Bard technology (attach printed tracing in space provided) <input checked="" type="checkbox"/> If unable to cannulate after 3 attempts, discontinue procedure, inform MRP <input checked="" type="checkbox"/> Document appropriate placement of catheter in superior vena cava (SVC)	
<b>Medications</b>	
<input checked="" type="checkbox"/> Lidocaine 1% intradermal to insertion site <input checked="" type="checkbox"/> Prescribed therapy may begin only when PICC tip placement is confirmed to be in the SCV	
<b>Diagnostic Imaging</b>	
<input checked="" type="checkbox"/> CXR indication: to confirm tip placement (recommended when unable to confirm placement using Bard technology, or when alterations of cardiac rhythm occur)	
<b>Post PICC Insertion monitoring</b>	
<input checked="" type="checkbox"/> Inspect site q15 minutes x2, and prior to discharge and report suspected complications or concerns <input checked="" type="checkbox"/> <u>Notify MRP immediately for local bleeding, respiratory distress, suspected catheter migration, or catheter-borne infection</u>	
<b>PICC Line Maintenance</b>	
<input checked="" type="checkbox"/> Flush PICC with 20mL 0.9% sodium chloride with needleless valve <input checked="" type="checkbox"/> <u>Do not start infusion until tip placement is confirmed</u> <input checked="" type="checkbox"/> Use infusion pump for all infusions	
<b>Dressing</b>	
<input checked="" type="checkbox"/> Apply gauze at exit site and cover with transparent dressing	
<b>Discharge</b>	
<input checked="" type="checkbox"/> Complete discharge referrals to LIHN Home and Community Care for PICC line care per protocol	

Practitioner's Signature _____	Printed Name _____
Date/Time _____	

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ACTION

**Peripherally Inserted Central Catheter (PICC) Outpatient  
Medical Directive Order Set**

**Attach printed confirmation from Sherlock 3CG-Tip confirmation system below:**

**Post PICC Line Insertion Documentation**

Insertion site: \_\_\_\_\_  Left  Right  
 Location of catheter tip:  SVC  Other: \_\_\_\_\_  
 Location confirmed by: \_\_\_\_\_  
 Internal measurement (cut length): \_\_\_\_\_ cm  
 External measurement (exit site to bifurcation): \_\_\_\_\_ cm

Practitioner's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date/Time \_\_\_\_\_

