

Informed Consent for PICC Insertion

Patient Name: _____

I understand that a Peripherally Inserted Central Catheter (PICC) has been ordered by my Physician, Dr. _____, and will be placed by a specially trained Registered Nurse employed by EPICC Vascular PLLC.

A PICC is a long, thin, flexible plastic tube that is put into one of the veins in the arm, often just above or below the elbow, and threaded within the body to a location within a large vein just above the right side of the heart. A vein is a tube inside the body that carries blood from the body to the heart.

A PICC may be recommended by my Physician for any of the following reasons:

- Smaller veins cannot be used for the prescribed intravenous (IV) medication.
- Smaller veins and surrounding tissue could possibly be damaged by the prescribed medicine.
- Prescribed IV medicines could possibly cause pain if given through smaller veins.
- IV antibiotic medicine is prescribed to prevent and/or treat infection.
- IV medication is prescribed to prevent and/or control pain.
- IV medication and/or solutions are needed for a longer period of time.
- A patient requires frequent blood sampling.
- A patient requires Total Parenteral Nutrition (TPN). TPN is a special liquid nutrition that goes directly into the veins.

I understand that a PICC is not the only way I can receive my medication, other methods have been explained to me, and I agree with my healthcare team's recommendation that a PICC be placed in my arm as the safest and most effective means of administering intravenous medications and fluids at this time and will be removed when no longer necessary.

I realize that this is an invasive procedure and has certain risks which include:

- Infection.
- Catheter or air embolism.
- Phlebitis.
- Venous thrombosis.
- Arterial puncture.
- Nerve damage.
- Irregular heartbeat.
- Catheter tip malposition.

I have had all of these potential risks explained to me in terms which I can understand. I understand that all appropriate measures will be taken to reduce or eliminate the chance of these risks occurring.

Patient's Initials: _____

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I realize there is a chance that the insertion of a PICC may not be successful for me and understand that this procedure will only be attempted after a review of my condition and medical history indicates that I am a good candidate for a PICC.

I understand I have the right to voice any questions I may have about this procedure and I can expect knowledgeable answers. I also understand that the facility and my healthcare team have specific policies relating to the care and maintenance of the PICC.

I have read and/or have had this consent form read to me. I have had risks, benefits, and alternatives to the procedure explained to me and have had the opportunity to ask questions.

I am consenting to the insertion of a PICC.

Patient Name: _____

Signature: _____ Date: _____

Patient Representative: _____

Check One. Family Member: _____ Power of Attorney: _____ Other: _____

Witness Name: _____

Signature: _____ Date: _____

Witness Name: _____

Signature: _____ Date: _____

Telephone Consent: Yes _____

