VASCULAR ACCESS PROGRESS NOTE

Patient Name: _____ DOB: _____

Facility Name: _____ Nurse:_____ Room#:_____

Date:	Time:	

Office Use: Date: _____

Procedure Type: ☐ Periphera IV Insertion ☐ Declot Recovery (x) _____hr(s) ☐ Drsg. Change

☐ Discontinuance of Device (DC)

☐ Professional Vascular Consultation ☐ Patient Refused Procedure on Arrival

☐ Order Cancelled on Arrival ☐ Unsuccessful Picc/Mid ☐ Blood Draw

Materials:

PICC LINE NURSE SIGNATURE:_____ DATE:_____

Epicc Vascular

Excellent Picc Lines of Texas