



**SAULT AREA  
HOSPITAL**  
HÔPITAL DE  
SAULT-SAINTE-MARIE

**PHYSICIAN ORDER  
FOR PICC LINE INSERTION**

UNIQUE PATIENT IDENTIFICATION NUMBER

PATIENT'S SURNAME

GIVEN NAME

ADDRESS

D.O.B.

SEX

HOME PHONE

HEALTH CARD NUMBER

1. All orders must be reviewed, completed and signed by the Physician before they may be implemented.
2. To delete a standard order (i.e. an order without a "check box" preceding it), the order must be crossed out and initialled.
3. For orders where boxes are provided, the physician indicates with a check mark  to confirm the order; if check boxes are left unmarked, this means the order will not be activated

**Allergies:**

- 1. PICC catheter insertion:  Single Lumen  Double Lumen
- 2. Lorazepam 1 mg sl prn for agitation. May repeat x 1.
- 3. Chest x-ray post catheter insertion to confirm placement and repeat if necessary.
- 4. Change initial pressure dressing to a transparent dressing 24 hours post insertion.
- 5. Apply warm pack to area above the PICC dressing (may use hot water wash cloth, placed in a plastic bag and covered with a face cloth) QID X 20 minutes X 2 days to prevent phlebitis.
- 6. Lidocaine 1% local anesthetic for procedure.

PHYSICIAN SIGNATURE

DATE & TIME

**FOR OUT OF TOWN PHYSICIAN REFERRALS COMPLETE THE FOLLOWING:**

**INDICATION FOR THERAPY**

- Chemo
  - TPN
  - Antibiotics > 5-7 days
  - No peripheral access
  - Others/ Please specify
- \_\_\_\_\_

**LINE REQUIRED:**

- Single lumen
- Double lumen

**Indicate reason for double lumen**

\_\_\_\_\_

**Does patient live in an area accessible by Home Care Agency:**

- Yes  No

- crutches
- pacemaker  Rt.  Lt.
- coumadin
- previous stroke  Rt.  Lt.
- previous shoulder surgery  Rt.  Lt.
- Hx. of drug abuse
- Previous Central Line

Platelets \_\_\_\_\_

**RELEVANT CLINICAL INFORMATION**

PHYSICIAN SIGNATURE

DATE & TIME