SAULT AREA HOSPITAL
HÔPITAL DE SAULT-SAINTE-MARIE

iCare

UNIQUE PATIENT IDENTIFICATION NUMBER

PATIENT'S SURNAME | GIVEN NAME

ADDRESS

D.O.B. | SEX | HOME PHONE

HEALTH CARD NUMBER

PHYSICIAN ORDER FOR PICC/HICKMAN LINE INSERTION

Allergies:

☐ 1. PICC catheter insertion: ☐ Single Lumen ☐ Double Lumen

☐ 2. Change initial pressure dressing to a transparent dressing 24 hours post insertion.

☐ 3. HICKMAN

☐ Heparin 100 units/ml (300 units per lumen) Weekly when not in use.

PHYSICIAN SIGNATURE _____ DATE & TIME _____

INDICATION FOR THERAPY

☐ Chemo

☐ TPN

☐ Antibiotics > 5-7 days

☐ No peripheral access

☐ Others/ Please specify

_____

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

☐ Yes ☐ No

☐ breast cancer ☐ Rt. ☐ Lt.

☐ pacemaker ☐ Rt. ☐ Lt.

☐ coumadin

☐ previous stroke ☐ Rt. ☐ Lt.

☐ previous shoulder surgery ☐ Rt. ☐ Lt.

☐ Hx. of drug abuse

☐ Previous Central Line

Platelets _____

RELEVANT CLINICAL INFORMATION

NOTE: This is a CONTROLLED document as are all files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file versions (electronic version) prior to use

Health Records – Do Not Destroy



Chwa I мнууп
ó1Oк21ú
tI·ƎŜ м 2Ŧ м