Infusion Care, LLC - Patient PICC/ CVC Referral Form

Fax Completed form to (702) 998-4445

Date of Birth:

Patient Name: Primary Phone:

SSN: Secondary Phone:

Address: Insurance Provider

(PLEASE ATTACH COPY OF INSURANCE)

Diagnosis: ICD IO Code (s):

Section 1- Clinical *(Must be completed to initiate services with Vegas Valley Infusion Centers, LLC and facilitate insurance authorization.)*

NKDA Allergies:

Height: cm/inches Weight: kg/lbs Male Female

Last infusion date: Next dose due: (IF APPLICABLE or KNOWN)

EXISTING Line Type: PICC Port Midline Other

PICC placement required Indication for new PICC Indication for replacement

Section 2- PICC/CVC ORDERS

PICC (Peripherally Inserted Central Catheter): *New insertion / replacement / maintenance of existing (circle one please)*	**CVC (Central Venous Catheter)** existing line ONLY orders
Directions:	**Directions:**
Insertion via Bard Sherlock 3CG Tip Confirmation System:	Access implanted port- specify Huber needle size:
Double Lumen 5 french Single Lumen 4 french	22G - ¾ inch
Lidocaine 1% subcutaneous injection of5mL (max 20mL) into tissue around insertion site prior to insertion	22G - 1 inch
Dressing changes, per protocol weekly	20G - ¾ inch
Heparin flushes, per protocol, for patency	20G - 1 inch
NS 10 cc flushes, per protocol daily	Administer Lidocaine 1% cream 15 minutes prior to accessing port
Removal of existing PICC per protocol	Dressing changes, per protocol weekly
(MUST BE CHECKED IF REPLACEMENT REQUIRED)	Heparin flushes, per protocol weekly, for patency
OK to utilize as midline catheter if advancement of PICC unsuccessful	DE-access implanted port Huber needle (in between infusion dates)

Section 3 - PICC LABS (values must be within 7 days of procedure - OTHERWISE CAN BE DRAWN BY RN AT CENTER DAY BEFORE

INR Level:	Date Drawn:	**OR**	Draw INR (Must be < or = 3.0)
PT Level:	Date Drawn:	**OR**	Draw PT (Must be within 11-13)
PTT Level:	Date Drawn:	**OR**	Draw PTT (Must be within 20-30
Platelet Count:	Date Drawn:	**OR**	Draw Platelets (Must be > or = 50)
Creatinine:	Date Drawn:	**OR**	Draw Creatinine (Must be less than 2.0 or nephrologist clearance required)

PLEASE ATTACH COPIES OF LABS IF DRAWN ALREADY

Section 4 – RN Complication(s) Management *(The following-orders will be followed and physician will be notified immediately.)*

× Discontinue insertion attempts immediately if difficulty placing PICC or accessing implanted port

Place tourniquet above PICC insertion site immediately if suspected breakage of catheter in vein *(Call 911 immediately afterwards)*

If patient short of breath or anxious during insertion, administer 02 supplement at 100% and place patient on left side

Confirmation of PICC placement WITH CHEST X RAY if patient has atrial fibrillation during insertion or has history of arrythmias

Monitor for allergic reaction and if noted administer Benadryl _____mg PO x 1 dose *(911 emergency medical services will be contacted if used)*

Section 5 – Provider Information

Referring Physician Phone: Fax:

Address City State NV

License Number: DEA Number: NPI Number:

Physician Signature _____ Date: