

Infusion Care, LLC – Patient PICC/ CVC Referral Form

Fax Completed form to (702) 998-4445

Patient Name: _____
SSN: _____
Address: _____

Date of Birth: ____/____/____
Primary Phone: (____) ____-____
Secondary Phone: (____) ____-____
Insurance Provider: _____

(PLEASE ATTACH COPY OF INSURANCE)

Diagnosis: _____ ICD 10 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: <input type="checkbox"/> Insertion via Bard Sherlock 3CG Tip Confirmation System: <input type="checkbox"/> Double Lumen 5 french <input type="checkbox"/> Single Lumen 4 french <input type="checkbox"/> Lidocaine 1% subcutaneous injection of 5mL(max 20mL) into tissue around insertion site prior to insertion <input type="checkbox"/> Dressing changes, per protocol weekly <input type="checkbox"/> Heparin flushes, per protocol, for patency <input type="checkbox"/> NS 10 cc flushes, per protocol daily <input type="checkbox"/> Removal of existing PICC per protocol (MUST BE CHECKED IF REPLACEMENT REQUIRED) <input type="checkbox"/> OK to utilize as <u>midline</u> catheter if advancement of PICC unsuccessful	Directions: <input type="checkbox"/> Access implanted port- specify Huber needle size: <input type="checkbox"/> 22G - 3/4 inch <input type="checkbox"/> 22G - 1 inch <input type="checkbox"/> 20G - 3/4 inch <input type="checkbox"/> 20G - 1 inch <input type="checkbox"/> Administer Lidocaine 1% cream 15 minutes prior to accessing port <input type="checkbox"/> Dressing changes, per protocol weekly <input type="checkbox"/> Heparin flushes, per protocol weekly, for patency <input type="checkbox"/> 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 O2 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 arrhythmias
- 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: Nevada Other _____ Zip: _____

License Number: _____ DEA Number: _____ NPI Number: _____

Physician Signature: _____ Date: ____/____/____

Infusion Care, LLC

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