

**PICC PLACEMENT DOCUMENTATION**

Hospital No:.....

Surname: .....

Forename(s): .....

D.O.B : .....

Date Of PICC Placement: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Clinician:\_\_\_\_\_

1. Pre-existing Medical Issues:

Cardiac Pacemaker  Atrial Fibrillation  Atrial Flutter  Tachycardia  Other:\_\_\_\_\_

2. Did Patient have a present, identifiable and consistent P-wave?  Yes  No

3. PICC Placement Side:  Right  Left

4. Vein Accessed:  Basilic  Brachial  Cephalic

5. Lidocaine 1% given S/C (PGD)  6. Skin prep  Chloroprep  Other

7. Number of attempts  One  Two  More

8. PICC type  Single 4fr lumen power  Double 5fr lumen power  
 Single lumen 4fr Groshong  Double lumen 5fr Groshong

9. **Groshong PICC** Post insertion Internal measurement \_\_\_\_\_cm External measurement \_\_\_\_\_cm

10. **Power PICC** Trimmed PICC length \_\_\_\_\_cm. Estimated Initial internal measurement \_\_\_\_\_cm  
Post Insertion Internal measurement \_\_\_\_\_cm Mark at skin \_\_\_\_\_cm External measurement \_\_\_\_\_cm

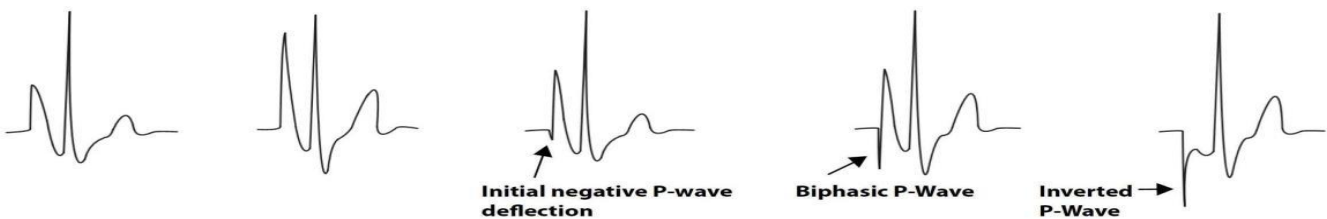
11. Dressing  IV300  Tegaderm  Other\_\_\_\_\_

12. Secured with  Securacath  Statlock

13. Time procedure took \_\_\_\_\_minutes

14. Which ECG waveform below best describes the **Final** location of the PICC tip?

1  2  3  4  5



15. Position confirmed with CXR  Yes  No

16. Manipulations with Sherlock needed \_\_\_\_\_

17. Guidewire count checked by \_\_\_\_\_

18. Okay to use  Yes  No Signed \_\_\_\_\_

Hospital No:.....  
Surname: .....  
Forename(s): .....  
Gender (M/F) .....  
D.O.B : .....

**PICC LINE REMOVAL**

Date of removal.....

Reason for removal

End of treatment [ ]

Complication [ ] (Please tick below)

Infection [ ]      Leakage [ ]      Thrombosis [ ]

Occlusion [ ]      Phlebitis [ ]      Breakage [ ]

Pt pulled out [ ]      Other [ ] briefly state

Signed.....

**If PICC has been removed due to a problem then please inform the PICC team  
by ringing extension 22471 and leaving a message.**

**Thank you**