**Midline and PICC Request Form**

*\*All requests to be discussed with anaesthetist in Theatre 5 / Bleep holder 1178 \**

**Patient Details (Or affix Identity Label)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lead Clinician**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinical Details / Diagnosis:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The below information will be used to determine if a midline catheter or PICC will be sited. Please tick as appropriate. Note that a midline catheter can NOT be used for non-peripherally compatible infusions.*

*PICC*

☐

*Consider peripheral cannula*

*Midline Catheter*

☐

3 – 30 days ☐

> 30 days ☐

< 3 days ☐

**Duration**

Non-peripherally compatible infusion e.g. TPN / centrally administered chemotherapy ☐

*Specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Difficult IV access ☐

Longer-term IV access (e.g. for IV antibiotics) ☐

**Indication**

*PICC*

☐

**Further Details:**

Number of lumens required: Single ☐ / Double (justify)\* ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Multilumen lines are associated with a higher incidence of bloodstream infection & catheter occlusion

History of clavicular fracture: No ☐ / Left ☐ / Right ☐

Restricted arm placement (e.g. axillary clearance): No ☐ / Left arm only ☐ / Right arm only ☐

Anticoagulants or abnormal clotting: No ☐ / Yes (specify) ☐\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

History of Atrial Fibrillation or arrhythmia: No ☐ / Yes (specify) ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pacemaker present: No ☐ / Yes ☐ Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requestor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact Number / Bleep:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*OFFICE USE: Insertion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Line inserted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*