



CONSENT FOR PLACEMENT OF PICC - MIDLINE FOR:

Patient Name _____ **DOB** _____

Placement of a peripherally inserted central/midline catheter has been ordered by your physician for the following reason(s):

- Intravenous Access Total Parenteral Nutrition Intravenous Antibiotics
 Intravenous Medications Intravenous Hydration Other: _____

The PICC is inserted into one of the arm or neck veins with the tip advanced to a central vein. A midline is a shorter catheter with the tip residing in the upper arm.

As with all invasive procedures, some risks are involved in placement of either line. They include:

- ◊ Improper positioning
- ◊ Bleeding
- ◊ Cellulitis
- ◊ Difficulty removing catheter
- ◊ Catheter sepsis
- ◊ Air embolism (rare)
- ◊ Sterile mechanical phlebitis (rare < 5%)
- ◊ Pain with infusion
- ◊ Nerve/arterial injury (extremely rare)
- ◊ Drainage at exit site
- ◊ Catheter tip migration
- ◊ Thrombophlebitis (subclavian or peripheral)

Placement of the PICC or midline, including benefits and risks have been explained to my satisfaction. Any questions I may have had concerning line placement, benefits and risks have been answered by my ordering physician or designee prior to this consent being signed.

I confirm that I have read or have had read to me and understand the above prior to signing.

Patient's Signature: _____

Authorized Representative's Signature: _____

Authorized Representative Name and Relationship to Patient: _____

Witness' printed name: _____ Witness' signature: _____

Date: _____ Time: _____ This is the date and time informed consent was obtained.

