



## Vascular Access Placement

### Patient and Physician Information

<b>Patient Name:</b>	<b>Date of Birth:</b>	<b>Patient Phone Number:</b>
<b>Physician Name:</b>	<b>Office Phone Number:</b>	<b>Fax Number:</b>
<b>Insurance:</b>	<b>Group Number:</b>	<b>Policy Number:</b>
<b>Hospitalization Status:</b>	<b>Patient Weight (kg):</b>	<b>Height (inches):</b>
<input checked="" type="checkbox"/> Outpatient to Outpatient Infusion Center		
<b>Allergies:</b>		

\*\*\*Send patient demographics/insurance, clinical notes, and test results with orders\*\*\*

### Diagnosis Code/Description for treatment:

☒ Insert Appropriate Vascular Access Device, if Central Catheter placement, obtain consent.

Insertion by: ☐ Interventional Radiology      ☐ VAST Team

### Outpatient Information Required – Facility Information arranged for care and removal of device

Healthcare Facility Name:	Phone Number:	Fax Number:	Medication Infusion Plan	Anticipated Duration of Medication Plan

### Orders

#### ☐ Interventional Radiology ONLY

- ▶ PT PTT prior to procedure      ▶ BUN prior to procedure      ▶ CREATININE prior to procedure
- ▶ Peripheral IV Saline lock prior to procedure, discontinue after PICC insertion before discharge.
- ▶ Initiate PICC access and verify tip placement through the use of fluoroscopy BEFORE using. DO NOT ADVANCE PICC following confirmation.

#### ☐ VAST Team ONLY

- ▶ Initiate access
- ▶ If PICC placement, obtain tip verification through the use of: Tip Confirmation System or STAT ONE VIEW Portable CHEST XRAY before using. DO NOT ADVANCE PICC following confirmation.

#### Nursing Care

- ☒ MUST use a 10 mL syringe or GREATER. No blood pressure or venipunctures in location arm.
- ☒ Change dressing EVERY 7 DAYS and as needed if soiled or no longer intact. If gauze placed at site, change daily.
- ☒ Measure arm circumference 10 CM above antecubital space with dressing change if significant swelling of arm or external migration of catheter noted, notify physician.
- ☒ Notify VAST team for any questions or concerns by paging 405-647-2179

### Medications

- ☒ Lidocaine 1% Solution 0.1 to 0.5 mL SUBCUTANEOUS as needed to access site and secure line.
- ☒ Normal Saline 0.9% Flush 10 ML INTRAVENOUS EVERY SHIFT and as needed per lumen for locking, TKO/KVO lines (Base fluids WITHOUT additives), before and after each use for intermittent IV medication administration, after blood draws or blood products, and after each parenteral nutrition bag is complete.

### Discharge

- ☒ Discharge after treatment complete if stable. Provide designated healthcare facility and/or patient a copy of these orders at time of discharge including patient guide/catheter information.

### Date and Physician Signature

DATE: \_\_\_\_\_  
08742508

TIME: \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE