



Vascular Access Placement

Patient and Physician Information

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

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: _____
08742512

TIME: _____

PHYSICIAN'S SIGNATURE