

P.I.C.C.

(Peripherally Inserted Central Catheter)

Vascular Access Service (V.A.S.) Request for P.I.C.C. Placement Outpatient Form

(Form to be filled out if the provider does not have access to eD-H)

Today's Date: _____ VAS assigned Appointment Date/Time _____

Patient Name: _____

MRN (DHMC): _____ DOB: _____

Has patient ever been a patient at DHMC? Is yes, when?

Note: If the Patient has not been previously registered at DHMC, the registration department will be contacting the patient for further information.

Mailing address: _____

Home phone: _____ Other: _____

Requesting Provider: _____

Office phone: _____ Pager #s: _____

Address: _____

Reason for PICC placement:

Diagnoses: _____ Allergies: _____

1. Number of Lumens requested: (circle one) single double triple

**Single lumen PICC is recommended for patients on home therapy for ease of maintenance and line patency*

2. Use Left Arm Only Use Right Arm Only NO RESTRICTION

3. If applicable, note lateral exclusion and reason _____

Signature of ordering provider _____

PICC line placement request Instructions

- Step 1: Call Vascular Access (603) 650-6816 to be assigned available dates and times. Record assigned date/time on form and complete the rest of the questionnaire.
- Step 2: Fax completed form to (603) 650-0465
- Step 3: Have the patient arrive at the 3T Radiology reception area the day of the appointment, 15 minutes ahead of the scheduled time.