



Affix Patient Label

Patient Name:

Date of Birth:

Informed Consent a Peripherally Inserted Central Catheter or PICC Line

This information is given to you so that you can make an informed decision about having a **Peripherally Inserted Central Catheter or PICC Line**.

Reason and Purpose of the Procedure:

A PICC is a soft flexible IV tube used to give medicine, fluids, blood or nutrients. The tube is inserted into a vein. The tip of the tube is in a large vein near your heart. In adults the tube is inserted in your upper arm. A smaller tube is used for children. It can be inserted in the arm, scalp or leg. The procedure is done at your bedside or in Radiology. A doctor or specially trained nurse can insert a PICC. A chest x-ray may be done to show the PICC is in the right place. A tip location system and/or tip positioning system can be used instead of a chest x-ray to show the PICC is in the right place.

Benefits of this Procedure


You or your child might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- A PICC can be less irritating than other IV tubes.
- The PICC can last from weeks to a few months.
- A PICC doesn't require surgery.
- A PICC can sometimes be used to draw blood samples.
- It reduces the need for more needle "pokes".
- Less risk of phlebitis and infiltration than short IV catheters. Lower risk compared to chest or neck catheter insertion.

Risks of this Procedure

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

- **Failure to insert.** There may be scarred vessels, small vessels or venous spasms that do not let the catheter go in. The doctor or nurse may have to try more than once to insert the tube.
- **Bleeding.** It is normal to have a small amount of blood under the dressing where the PICC enters the skin. Watch for bleeding bigger than the size of a quarter after the first dressing change.
- **Pain or swelling in the area** could mean there is bleeding under the skin. This could be a sign of phlebitis (inflamed vein) or a blood clot.
- **Bruising** may occur anytime a needle is placed in a vein.
- **PICC Movement.** The PICC could slide in or out of your skin. The tip could move from where it was placed. This could cause the medicine, fluid or nutrients to go into the wrong place. The PICC could move across the chest or up the neck into another vein. The PICC may need to be repositioned or replaced. Using ultrasound or x-ray decreases the chances of this happening.
- **Blood clot.** A blood clot may collect around the catheter and in the vein. This is called deep vein thrombosis or DVT. There may be swelling or pain in the arm or leg. The chance of this is 2- 23 %. If part of the clot breaks off and goes to your lungs this is called pulmonary embolus. The risk of pulmonary embolus from a deep vein thrombosis is about 12-17%. This may need treatment.
- **Phlebitis or inflammation of a vein.** There may be pain or tenderness, redness, swelling, or warmth.
- **Arterial puncture.** The needle may hit the artery during insertion. This is very rare with the use of ultrasound.

	Affix Patient Label	
	Patient Name:	Date of Birth:

- **Nerve injury or irritation.** This may happen when the needle is inserted and hits a nerve. You may feel numbness, tingling or weakness. This usually resolves on its own over a short period of time.
- **Blocked catheter due to blood or medications.** The PICC may be treated with medication to remove blockage or need to be removed.
- **Air embolism.** Air may enter the blood stream and go to the heart. This stops blood from being pumped in the heart. This is extremely rare. This may need treatment.
- **Irregular heartbeats.** The tube may need to be repositioned.
- **Infection.** Blood stream infections would need treatment. The catheter may need to be removed.
- **Difficult removal.** The PICC may feel stuck from fibrin forming around the PICC or spasms in the vein. The catheter may take longer to remove.
- **Damaged catheter.** There may be a hole, leaks, or break in the catheter. The catheter may need to be repaired or replaced.

Risks Associated with Smoking

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks Associated with Obesity

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation. Obesity may make PICC placement more difficult.

Risks Specific to You

Alternative Treatments

Other choices:

- Use a traditional IV line.
- Talk with the doctor about another way to enter your veins. This may require a cut in your skin.
- Do nothing. You may decide not to have the procedure.

General Information

- Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.
- Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.

Affix Patient Label

Patient Name: _____

Date of Birth: _____

By signing this form I agree

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the Doctor or Nurse. My questions have been answered.
- I want to have this procedure: **Peripherally Inserted Central Catheter**
- I understand that my doctor may ask a partner to do the surgery/procedure.

Patient Signature _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian**Interpreter's Statement:** I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.Interpreter: _____ Date _____ Time _____
Interpreter (if applicable)**For Provider or RN USE ONLY:**

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Provider/RN signature: _____ Date: _____ Time: _____

Teach Back

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Patient shows understanding by stating in his or her own words:

____ Reason(s) for the treatment/procedure: _____

____ Area(s) of the body that will be affected: _____

____ Benefit(s) of the procedure: _____

____ Risk(s) of the procedure: _____

____ Alternative(s) to the procedure: _____

OR____ Patient elects not to proceed: _____ Date: _____ Time: _____
(patient signature)

Validated/Witness: _____ Date: _____ Time: _____