

McLaren Print System Order

Order No: 45594
Order Date: 2019-05-24
User: Marguerite Pardy
Phone: 810-342-2262

Ship Location: McLaren Flint-3North Attn: Rita
401 S. Ballenger Hwy
Flint, MI 48532

Forms

Quantity: 500
Paragon Dept No: 36710
Dept Name: IV Therapy
Company Number: 60

Order Total Price: 0.00

Item Number: 17433
Item Description: PICC midline assessment and insertion info with bar code
Revision Date: 1/2018
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

PICC Midline Assessment & Insertion Information

DATE OF PLACEMENT: _____ TIME: _____

DEVICE: Midline PICC Powerglide Poly

ORDERING PHYSICIAN: _____

MEDICATION ALLERGIES: _____

Patient Assessment				
DIAGNOSIS: _____				
INDICATION: _____				
SPECIAL CONSIDERATIONS: _____				
LAB ASSESSMENT: GFR: _____ INR: _____ PLT: _____				

Consulting Physician Assessment/Declaration				
NEPHROLOGY: _____				
CARDIOLOGY: _____				

Vascular Assessment				
RIGHT	Basilic	good	poor	comment: _____
	Brachial	good	poor	comment: _____
	Cephalic	good	poor	comment: _____
LEFT	Basilic	good	poor	comment: _____
	Brachial	good	poor	comment: _____
	Cephalic	good	poor	comment: _____

Insertion: Vein: Basilic Cephalic Brachial Axillary Median Other

CATHETER: SFR AFR DSFR DFR LUMENS: single double triple

PLACEMENT: RIGHT / LEFT # of attempts: _____ ultrasound Lidocaine

TOTAL LENGTH: _____ cm EXTERNAL: _____ INTERNAL: _____ cm

TIP PLACEMENT CONFIRMATION: ICG XRAY RADIOLOGIST: _____

INSERTION RELATED PROBLEMS: _____

COMPLETED BY: _____

Removal Information	
DATE: _____	LENGTH: _____ cm
<input type="checkbox"/> Successful completion of therapy	_____
<input type="checkbox"/> DVT location: _____	_____
<input type="checkbox"/> Suspected CLABSI tip cultured? _____	_____

LOT #: _____



Spec Info: