



PICC Line Insertion Informed Consent

Facility: _____

Patient name: _____ Room#: _____

Date: ____/____/____

- 1. I agree to have a Peripherally Inserted Central Catheter (PICC placed in my arm.
2. The Catheter insertion procedure, care, maintenance and complications have been explained to me and I understand them.
3. I understand that this is not the only way I can received my medication. I understand that my healthcare team has determined that the PICC line would be the safest and most effective means of administering my medication at this time. Alternative vascular access device options of giving my medication have been explained to me and I have chosen this one.
4. I realize that this procedure will be performed only by a nurse, technician or physician who has been specially trained and certified to insert PICC lines. My PICC line will be inserted by Professional Nursing Consultant Services, Inc. (PNCS)
5. I realize that this is an invasive procedure and has certain risks such as, but not limited to, Catheter or Air Embolism, Arterial Puncture, Pseudo-Aneurysm, Infection, Irregular Heartbeat, Venous Thrombosis, Nerve damage, and Pain.
6. I understand that while the catheter will be placed in my upper arm, then end of the catheter will come to rest in an area above my heart (The Superior Vena Cava or Midline in the Subclavian vein).
7. I have the right and have been given the opportunity to voice any questions I may have about this procedure and I expect knowledgeable answers. I also understand that the Hospital/Facility has specific policies relating to the care which will be given to me and include provision for termination of services at my request of the Physician, and/or at the decision of the agency. I agree to abide by the terms of these policies in all aspects.

_____/_____/____
Patient/Representative Signature Above

Witness Date Witness Date

[] Verbal Consent was received by Phone with the witness of two nurses consenting

Party/Relationship: _____