

Consent For Peripherally Inserted Central Catheter

INTRODUCTION:

Your doctor, _____, has recommended that you have a Peripherally Inserted Central Catheter (PICC) placed. The reasons for placing a PICC line include the long-term administration of medications, nutrition, or blood as ordered by your physician. The placement of a PICC line will reduce the number of times that an IV catheter would need to be inserted. We are asking you to read and sign this form so that we can be sure you understand the procedure and potential benefits, along with the associated potential risks, complications, alternatives, the likelihood of achieving the goals, and the recuperative process. Please ask questions about anything on this form that you do not understand.

PROCEDURE:

Placement of a PICC line involves the insertion of a thin, sterile, plastic tube, called a catheter, directly into a vein. The catheter will be inserted into a vein in your arm and then positioned so that the tip will be located in either your upper arm, chest, or in an area near your heart. A chest X-ray will be taken after the catheter is placed to confirm proper position. To assist with proper location of the catheter, you may be transported to Interventional Radiology, where fluoroscopy (x-rays) may be used to help guide repositioning of the catheter or to advance it into proper position. X-ray contrast material (x-ray dye) may also be injected through the catheter and x-rays then taken. If x-ray contrast material is injected, you may experience a warm feeling or a strange taste in your mouth. Both of these sensations are temporary and will soon go away.

The PICC line placement procedure will be performed by a Physician; Physician's Assistant (PA); Registered Nurse (RN); or Certified Registered Nurse Practitioner (CRNP), all of whom have been specially trained and certified to insert PICC lines. If a PA, RN or CRNP performs the procedure, a Physician will be readily available if necessary. Most PICC lines can be inserted as a procedure that is performed at the bedside. However, if the placement of a PICC line cannot be performed as a bedside procedure, you may be sent to the Radiology Department for placement of the line by the Interventional Radiology Service.

RISKS:

In general, the insertion of a PICC line is a safe procedure but there are some risks associated with it. These risks include those that are associated with the insertion and positioning of the catheter and those associated with the maintenance and use of the catheter. Associated with the insertion and positioning of the catheter are the risks of catheter malposition, pain or discomfort at the site of the catheter insertion, bleeding at the insertion site, injury to the vein, entrance of air into the vein, injury to an artery or nerve, and an irregular heartbeat. If x-ray contrast material is used during the placement of the PICC line, there are the additional risks of an allergic reaction and reduced kidney function. Risks associated with the maintenance and use of the catheter include an infection of the catheter which may result in an infection of the blood stream, inflammation of the vein (phlebitis), and the development of a blood clot in the vein (thrombosis). In addition to these potential risks, there may be other unpredictable risks including death.

(Complete this paragraph if applicable or document "NA") Due to your additional medical history of _____,

added risks for you include but are not limited to:

ALTERNATIVES:

Alternatives to the placement of a PICC line include the insertion of a central line in a neck (jugular), leg (femoral) or shoulder (subclavian) vein or continuing with peripheral IV access which requires the placement of a new line every 72 hours. If you are unsure about having a PICC line placed, please discuss these possible alternatives with your doctor, including the possible risks, benefits, and side effects associated with them, along with those associated with not undergoing any type of vascular access placement.

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AGREEMENT:

The information on this form was explained to me by _____. I understand the information and I have had the opportunity to ask any other questions I might have about the procedure, the reasons it is being performed, the associated risks, and the alternatives to the procedure. I agree to undergo the procedure to be performed by an authorized member of the Division of Interventional Radiology and his/her associates, assistants, and appropriate hospital personnel, and accept the risks. I also agree that fellows, residents and surgical assistants may participate in significant tasks that are part of the procedure. In addition, I agree to have any other appropriate personnel present for the procedure.

The University of Pennsylvania Health System routinely suspends the resuscitative aspects of living wills and Do Not Attempt Resuscitation orders during the pre-procedure, procedural and post-procedural period, unless you specifically tell us otherwise. This applies to all invasive and operative procedures.

Signature: _____ Date _____ Time _____
Patient

Signature: _____ Date _____ Time _____
Authorized Healthcare Professional
obtaining & witnessing patient's signature

Signature: _____ Date _____ Time _____
Attending physician (if applicable)

To be used if the patient is a minor, unconscious, or otherwise lacking decision making capacity. I,

_____, the _____
Name Relationship to patient

of _____ hereby give consent.
Name of patient

Signature: _____ Date _____ Time _____
Legally Authorized Representative

Signature: _____ Date _____ Time _____
Authorized Healthcare Professional
obtaining & witnessing patient's signature

Signature: _____ Date _____ Time _____
Witness to telephone consent